

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 31, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening, 9/2/08, 6 hours; 9/4/08, 4 hours; 9/5/08, 4 hours; 9/8/08, 6 hours;
9/15/08, 6 hours; 9/16/08, 6 hours; 9/17/08, 6 hours; 9/18/08, 6 hours; 9/19/08, 6 hours

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

MD, Board Certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity exists for Work Hardening, 9/2/08, 6 hours; 9/4/08, 4 hours; 9/5/08, 4 hours; 9/8/08, 6 hours; 9/15/08, 6 hours; 9/16/08, 6 hours; 9/17/08, 6 hours; 9/18/08, 6 hours; 9/19/08, 6 hours.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old reportedly injured lifting a 40 pound box on xx/xx/xx. She had pain from her shoulder blade to her tail bone. Her pain drawing showed no radiation. She was diagnosed with a sprain. She had prior back problems. Her MRI showed a wedge at L3 with a Schmorl's nodule and multiple level disc bulges and facet degeneration. She had local low back spasms and reduced sensation bilaterally in the S1 dermatomes. She was felt to have a lumbar strain. She was being released by Dr. in July when she had a Designated Doctor examination. She was felt to be in a DRE LS Category I without any neurological loss. She was released to first light duty and regular duty. Dr. commented about the prior back problems and that her MRI from July 2006 and April 2008 were essentially unchanged. She was found to have a radiculitis on an EMG in April 2008.

She changed treating doctors in August. Dr. felt her to be deconditioned. She "...continues to exhibit significant pain behaviors and does not appear to be in a functional state to return to work in full duty, unable to lift or carry or stand or sit for any prolonged period of time." He felt she was not able to return to her work. He arranged for a psychological evaluation on 8/27/08. Dr. described an adjustment disorder with anxiety and depression. He wrote she is "an individual who continues to experience persistent, disabling pain despite treatments to alleviate it. Findings also suggest an emotional psychological component, which is likely contributing further to recovery difficulties...Considerable function limitations were observed." She attended a work hardening program for nine days from 9/2/08-9/19/08. She had a FCE on 9/2/08. There are additional letters discussing slow progress and needs for an extension. Mr. wrote that the pain continued, but she demonstrated psychological improvement (9/9/08). There is a letter (11/26/08) for reconsideration of the denial of treatment during this time frame. Subsequent letters and conferences (10/23) discussed her ongoing "high level of pain, but exhibits only minor pain behaviors." She remained somatically focused and missed several days of treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This patient has had multiple back problems with time lost from work. Her limitations appear to be a combination of physical and psychological issues. The latter was attributed to her repeated back injuries and poor recovery. Pain Group instituted the Work Hardening program for this patient. They documented her failure to progress from prior treatments. They also documented her functional deficits with the FCE. The patient met the criteria for entering the Work Hardening program as established in the ODG. Criteria 9 discusses the first 1-2 week sessions. Because she had made limited progress at the end of week one, the felt that this warranted the second week. The patient did not progress during the second week. In any case, the patient was still an appropriate candidate for the 9 sessions given, and met all the guidelines for participation in the program. The reviewer finds that medical necessity exists for Work Hardening, 9/2/08, 6 hours; 9/4/08, 4 hours; 9/5/08, 4 hours; 9/8/08, 6 hours; 9/15/08, 6 hours; 9/16/08, 6 hours; 9/17/08, 6 hours; 9/18/08, 6 hours; 9/19/08, 6 hours.

Work conditioning, work hardening
Recommended as an option.

Criteria for admission to a Work Hardening Program:

- (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work).
An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).
- (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.
- (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.
- (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
- (5) A defined return to work goal agreed to by the employer & employee:
 - (a) A documented specific job to return to with job demands that exceed abilities, OR
 - (b) Documented on-the-job training
- (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
- (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
- (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.**
- (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and**

demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.

(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

Work conditioning, work hardening

Recommended as an option, depending on the availability of quality programs.

Physical conditioning programs that include a cognitive-behavioural approach plus intensive physical training (specific to the job or not) that includes aerobic capacity, muscle strength and endurance, and coordination; are in some way work-related; and are given and supervised by a physical therapy provider or a multidisciplinary team, **seem to be effective in reducing the number of sick days for some workers with chronic back pain, ... These programs should only be utilized for select patients with substantially lower capabilities than their job requires. ... (T)reatment should not exceed 2 weeks without demonstrated efficacy (subjective and objective gains). ...**

The need for work hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands....

(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).

(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.

(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.

(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.

(5) A defined return to work goal agreed to by the employer & employee:

(a) A documented specific job to return to with job demands that exceed abilities, OR

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(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.

(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.

(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.

(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

Chronic pain programs (functional restoration programs)...

Criteria for the general use of multidisciplinary pain management programs:...

(11) At the conclusion and subsequently, neither re-enrollment in nor repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**