

# CORE 400 LLC

240 Commercial Street, Suite D  
Nevada City, California 95959

**DATE OF REVIEW: DECEMBER 8, 2008**

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Type of Review	Begin Date of Service	End Date of Service	Primary Diagnosis Code	Service Being Denied	Billing Modifiers	Units of Service
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97545	1
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/27/08	5/27/08	722.10/843.8	WH, CA	97545	1
Retrospective	5/27/08	5/27/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/27/08	5/27/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/27/08	5/27/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/27/08	5/27/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/27/08	5/27/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/27/08	5/27/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/27/08	5/27/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97545	1
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97546	1
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/4/08	6/4/08	722.10/843.8	WH, CA	97545	1
Retrospective	6/4/08	6/4/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/4/08	6/4/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/4/08	6/4/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/4/08	6/4/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/4/08	6/4/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/4/08	6/4/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/4/08	6/4/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/3/08	6/3/08	722.10/843.8	WH, CA	97545	1
Retrospective	6/3/08	6/3/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/3/08	6/3/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/3/08	6/3/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/3/08	6/3/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/3/08	6/3/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/3/08	6/3/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/3/08	6/3/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/3/08	6/3/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/6/08	6/6/08	722.10/843.8	WH, CA	97545	1
Retrospective	6/6/08	6/6/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/6/08	6/6/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/6/08	6/6/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/6/08	6/6/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/6/08	6/6/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/6/08	6/6/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/6/08	6/6/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/9/08	6/9/08	722.10/843.8	FC	97750	1

Retrospective	6/9/08	6/9/08	722.10/843.8	FC	97750	1
Retrospective	6/9/08	6/9/08	722.10/843.8	FC	97750	1
Retrospective	6/9/08	6/9/08	722.10/843.8	FC	97750	1
Retrospective	6/9/08	6/9/08	722.10/843.8	FC	97750	1
Retrospective	6/9/08	6/9/08	722.10/843.8	FC	97750	1
Retrospective	6/26/08	6/26/08	722.10/843.8	WH, CA	97545	1
Retrospective	6/26/08	6/26/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/26/08	6/26/08	722.10/843.8	WH, CA	97546	1
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Retrospective	6/26/08	6/26/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/27/08	6/27/08	722.10/843.8	WH, CA	97545	1
Retrospective	6/27/08	6/27/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/27/08	6/27/08	722.10/843.8	WH, CA	97546	1
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Retrospective	6/27/08	6/27/08	722.10/843.8	WH, CA	97546	1
Retrospective	6/27/08	6/27/08	722.10/843.8	WH, CA	97546	1

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

MD, Board Certified in Neurological Surgery

**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.

Type of Review	Begin Date of Service	End Date of Service	Primary Diagnosis Code	Service Being Denied	Billing Modifiers	Units of Service	Upheld/Denied
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97545	1	Upheld
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1	Upheld
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1	Upheld
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1	Upheld
Retrospective	5/23/08	5/23/08	722.10/843.8	WH, CA	97546	1	Upheld
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Retrospective	5/27/08	5/27/08	722.10/843.8	WH, CA	97546	1	Upheld
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97545	1	Upheld
Retrospective	5/30/08	5/30/08	722.10/843.8	WH, CA	97546	1	Upheld



strength. This was the same level of functioning achieved on an FCE performed 05/09/2008.

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

According to the ODG, a work hardening program is intended for patients who are not surgical candidates. In this case, and according to the medical records provided for this review, this patient appears to have a surgical lesion, and surgery has been recommended for her. In addition, work hardening treatment is not supported for longer than 1-2 weeks without evidence of “demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities”.

There is no evidence that any gains were made between the first and second FCE. The reviewer finds that the 8 days of work-hardening sessions in question in this case are not medically necessary and should be denied. The interim FCE of 06/09/2008 should be approved because another functional assessment should be made to document any progress made in the work hardening program. The reviewer finds that the interim FCE of 06/09/2008 is medically necessary and should be approved.

2008 *Official Disability Guidelines*, 13th edition  
“Low Back” chapter

**Functional improvement measures:**

Recommended. Restoration of function should be the primary measure of treatment success. Functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. They should include the following categories:

*Work Functions and/or Activities of Daily Living, Self Report of Disability* (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, return-to-work, etc.)

*Physical Impairments* (e.g., joint ROM, muscle flexibility, strength, or endurance deficits)

*Approach to Self-Care and Education* (e.g., reduced reliance on other treatments, modalities, or medications, such as reduced use of painkillers)

**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.

**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 KNOWLEDGEBASE
- 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)**