

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 23, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient work hardening program, twenty sessions, eight hours a day for twenty days, related to the lumbar spine.

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

MD, Board Certified Orthopedic Surgeon

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 there is not medical necessity for outpatient work hardening program, twenty sessions, eight hours a day for twenty days, related to the lumbar spine.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old female injured on xx/xx/xx. She apparently works as a . Her job is to observe throughout the day at this facility. This requires controlling any disruptive behavior. On the date of injury, xx/xx/xx, she was attempting to break up a fight and was tackled and run over by a youth who weighed significantly more than her. She ended up landing hard on her buttocks. She got up and continued to attempt to break up the fight but was knocked down again. She had pain and by that evening had difficulty walking. She was off work initially until 04/21/08 when she was released to return to light duty but apparently is not permitted to return. The medical records do not document try radiculopathy, although she has some complaints of pain in the legs. She had an MRI scan performed on 02/04/08, which showed spondylolisthesis at L4/L5,

grade 1, multilevel degenerative changes, and some osteophytes and spinal stenosis. There was no evidence of any trauma-related findings on the MRI scan. She continues to complain of chronic pain from the work injury, anxiety reportedly from the injury, low back pain resulting from the injury, and occupational and economic problems. She has participated in individual counseling sessions. It is said that the prognosis for return to work is good, and there was recommendation in the medical record for ten work hardening sessions followed by an FCE. Apparently the diagnosis contributing to this patient is a bulging disc at L5/S1, although this reviewer finds nothing of a traumatic nature on the MRI scan that was provided and performed. There has been recommendation for epidural steroid injections, which have been denied since they are not indicated in a patient without radiculopathy, and there is none in this patient. Current request is for work hardening program, twenty visits.

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

This patient's medical records do not document a clear diagnosis for her injury. She apparently has significant psychological issues. She has had physical therapy as per ODG Guidelines. Based upon the medical records, the patient exhibits strong mental health barriers to recovery. Her injury, which at most was blunt trauma to the lumbosacral spine several months ago, and with a negative MRI scan, does not support the ongoing complaints. It is this reviewer's feeling, as previous reviewers, that the medical diagnosis does not meet the requirements for a work hardening program as dictated by ODG Guidelines. It is for this reason that the previous adverse determination is upheld. One of the key components of the ODG Guidelines is that the worker must be able to benefit from the program. Given her mental health issues, this does not appear to be the case. Furthermore, weekly group session is unlikely to be successful in overcoming the psychological obstacles when individual psychotherapy did not. The reviewer finds that there is not medical necessity for outpatient work hardening program, twenty sessions, eight hours a day for twenty days, related to the lumbar spine.

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)**