

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 6/23/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 sessions of work hardening

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

M.D., Board Certified in Family Practice with a Certificate of Added Qualification in Sports Medicine

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)

Upon independent review the reviewer finds that the requested 20 sessions of work hardening is not medically necessary.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient in this case had a work related injury in xx/xx and is reporting continued pain in her neck. She has not returned to work at this time.

The patient was working as a at a hotel when a wall mounted TV fell on her as she was turning it. She sustained a laceration to her scalp and injured her neck at this time. She was reportedly evaluated and treated (laceration sutured). She received additional tests including Head CT , EEG and MRI of her brain; all of which were normal. The patient was seen by Dr. on xx/xx/xx for an initial evaluation of her work related injury. He reviewed records and ordered physical therapy and a neurology consult. Patient was seen by the Neurologist, Dr. on 11/7/07 as well as Dr. and a MRI and EEG were recommended. Patient had a MRI of her cervical spine on 11/9/07 which showed dessication of C3-4, C4-5 with mild disc protrusion and a minimum disc bulge at C5-6. Patient had an EMG of her upper extremities on 11/26/07 which demonstrated bilateral

median nerve slowing and subacute left C5 radiculopathy. Patient's pain was improving with the initial PT but not resolving. On 11/14/07, the neurologist put the patient on Fioricet and Depakote. She saw the pain management specialist 11/28/07 who recommended an epidural steroid injection for the patient. The patient received this injection in 1/3/08, followed by physical therapy. The patient saw Dr every 2-4 weeks throughout the time of her treatment. His notes indicate varying degrees of improvement and worsening of her pain. By 2/3/08 the patient had a DDE that had recommended return to sedentary duty despite her continued pain. The patient returned to work but on 4/10/08, Dr. removed her from work again due to increasing pain. By this time the patient had had 2 epidurals, PT and several different meds for pain control. Just prior to this the patient was evaluated on 3/25/08 and 4/7/08 by Dr., an Orthopedic Spine Surgeon. This doctor's evaluation concluded that the patient either live with some degree of pain or consider a fusion /surgery of her spine to help the pain. The patient and Dr. discussed options at subsequent visits and the patient wanted to exhaust conservative measures prior to considering surgery. Dr. requested evaluation and approval of a Chronic Pain Management Program. The patient was evaluated at Pain and Recovery clinic, the summary is as follows. On the Functional Assessment the patient was noted to have functional deficits. She reportedly could do work consistent with occasional light activity or sedentary duty. It was noted on both the FCE and psychological testing that the patient reports pain at rest of an average of 5/10 and with activity 7/10. The patient is not currently working and "assumes" she has a job to go back to although there is no information from the employer to that effect. The current request is for 20 sessions of work hardening.

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

The ODG Guidelines outline the criteria for work hardening. The first criterion is "physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week." This patient does not appear to meet this criterion as she can only do occasional light activity and still reports significant pain at rest and with activity.

The second criterion is "a defined return to work goal agreed to by the employee & employer". This can be either "a documented specific job to return to with job demands that exceed abilities" or "documented on the job training". This does not appear to be provided to the reviewer by the evidence presented. There is also no documented procedure for on-the-job training.

The third criterion is that "the worker must be able to benefit from the program". The patient did undergo an assessment for the entrance to the program, including an FCE and psychological evaluation. The evaluators felt the patient could benefit from work hardening program.

The fourth criterion is that the worker "must be no more than 2 years past the injury date"; the patient does fit within this window.

The last criterion is program timeliness; "work hardening should be completed in 4 weeks consecutively or less". From the evidence presented, the reviewer does not believe that this patient will be able to complete the program and progress into a moderate level PDL. Her level of pain will likely inhibit her progression. The prolonged length of time she has been out of work and presumably not doing significant physical activity would suggest that it will take much longer than the 4 weeks allowed for a work hardening program.

This case is a difficult one from the perspective of what course of treatment is allowable by the ODG guidelines. Based on clinical records, the patient is not at the stage where a work hardening program would be appropriate given her pain. The patient does not want

surgery at this time and would prefer to exhaust conservative treatments. Work hardening is not the appropriate conservative treatment though.

In summary, upon review of the provided medical records and ODG Guidelines, this reviewer finds that there is no evidence to support the medical necessity of a work hardening program for this patient. Most importantly of the criterion above is the lack of physical recovery and the appropriateness of the timing of the treatment given the patient's present physical condition and level of pain. Therefore, the reviewer upholds the previous determination.

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)