

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/13/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 session of Work Hardening Program (97545: Work hardening/conditioning; initial 2 hours, 97546: Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure))

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from Parker College of Chiropractic, Dallas, TX and completed training in Chiropractor at Parker College of Chiropractic, Post-Graduate. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Chiropractor since 1986.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

10 session of Work Hardening Program (97545: Work hardening/conditioning; initial 2 hours, 97546: Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. IRO request dated 2/27/2008
2. Clinical note dated 1/8/2007
3. Clinical note dated 12/21/2007
4. Evaluation by M.ED, dated 12/11/2007
5. Examination findings by MD, dated 8/21/2007
6. Functional capacity exam by DC, dated 12/14/2007
7. Clinical note dated 12/19/2007
8. Clinical note by Dr. DC, dated 12/19/2007
9. Evaluation by M.ED, dated 12/11/2007
10. Capacity exam by DC, dated 12/14/2007
11. Clinical note by Dr. DC, dated 12/19/2007
12. Evaluation note dated 12/11/2007
13. Function capacity exam dated 12/14/2007
14. Clinical note dated 12/28/2007
15. Clinical note dated 1/15/2008
16. Review organization dated 1/5/2008
17. Clinical note dated 2/27/2008
18. Clinical note dated unknown
19. Clinical note dated 2/28/2008
20. Independent review organization dated
21. Clinical note dated 12/28/2007
22. Review organization dated 2/27/2008

23. Clinical note dated 1/15/2008
24. Review organization dated 1/5/2008
25. Case assignment dated 2/27/2008
26. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The employee is a female with a date of injury of xx/xx/xxxx. She presents with sharp shooting pain in her left lumbar spine, and her prior treatment has included individual psychotherapy and injection therapy, and chiropractic and physical therapy attentions. Her provider has requested 20 sessions of a work hardening program designed to promote long-term return to the workforce.

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

The injured employee is a female with date of injury xx/xx/xxxx when she was removing books from boxes and fell backward. It appears that she was initially treated at Medical Centers for diagnoses of lumbar, sacral, and coccyx sprain/strain, with 2 weeks of physical therapy, prescriptions for Tramadol and Celebrex, and returned to work light duty. She was later certified at Maximum Medical Improvement by a Designated Doctor. Her case was apparently disputed for chronic low back pain, and settled by a Contested Case Hearing approximately 6/2007. Additional treatment has included a series of unspecified injections. There is no documentation of any significant pathology due to this injury.

The report from 12/11/2007 Psychological Evaluation lists her current medications as Hydrocodone, Soma, Xanax, and Remeron and Celexa which she has been previously taking for unrelated psychological problems. Other non-injury mental health history included a previous 72 hour inpatient psychiatric hospitalization in 2/2007 and she was diagnosed with depression. She had an appointment with a psychiatrist scheduled for 1/19/2008. She also had previous individual counseling sessions, unrelated to this injury. She rated her pain as 8/10 on average and frequent. She stated that she does not want to work for someone else, because it is very stressful and depressing. Her interest was in having her own cleaning business. Current Beck inventories indicated severe depression and anxiety. Work Hardening was recommended.

A 12/14/2007 FCE revealed a morbidly obese female. She had restricted lumbar ranges of motion that could be strictly due to her body habitus. The report contains NIOSH lift task results, but does not include the graphs, in order to show that these isometric/static lifts were performed correctly with appropriate curvilinear lines. The dynamic lifting tasks showed her waist lift to be 30 lb, shoulder to be 25 lb, and overhead to be 15 lb. The evaluator is using comparison values that would place the examinee at light, light, and sedentary-light capacities respectively. The report does not specify where these values are coming from. However, this reviewer has seen these same values many times in the past, and they appear to be coming from a 1984 version of the Dictionary of Occupational Titles. However, if one compares the test results to the Dictionary of Occupational Titles, Volume II, 4th Edition, 1991, one finds that this places the examinee in the medium, medium, light capacities respectively for waist, shoulder, and overhead dynamic lifts. The report also does not include pre and post heart rate results for the dynamic lifts, in order to show the appropriate physiological increase in heart rate that would be present with an examinee that was exerting maximum effort and/or stopping the lifts due to an increase in pain. She was also noted to be functioning cardiovascularly at a medium ability. The stated work requirements for this employee are reported as light-medium, not supporting the medical necessity for Work Hardening versus return to work on modified duty for a very brief period of perhaps 1-2 weeks with subsequent transition to full duty work. It should also be noted that there is no documentation that this injured employee meets the ODG Criteria for admission to a Work Hardening Program, Section 2a and 2b, in that there is no documentation of a defined return to work goal agreed to by the employer and employee, with a specific job to return to and job demands that exceed her abilities, or documented on the job training. It was also additionally noted that she does not want to work for someone else, because it is very stressful and depressing, and that her interest was in having her own cleaning business.

Therefore, the previous denial is upheld.

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

X 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)