

True Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: March 19, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 5 times a week for 4-6 weeks

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

adverse decision

MRI Report 8/24/06, 7/27/07

Xray report Associates

Medical Records Medical Associates) (unrelated 7/05) 8/13/06-2/11/08

Center FCE report 12/4/07

Dr. Designated Doctor Exam 8/28/07

Medical Center 2005

Medical Records Dr.

HEALTH AND WC NETWORK CERTIFICATION & QA 4/1/2008
IRO Decision/Report Template- WC

10/18/06-2/19/07

Evaluation Dr. 10/27/06

Electrodiagnostic Studies Dr.

Records PT 8/21/06

Consultation Dr. 9/28/07

FCE health 12/4/07

Letter of Appeal Health 2/23/08

Psychological Assessment Alternative psychological Services 1/31/08

PATIENT CLINICAL HISTORY (SUMMARY):

This man injured his back reportedly lifting heavy boxes of books. He had back pain with left lower extremity pain. His xrays showed sacralization. His MRI of 8/24/06 showed a broad based posterior subligamentous disc herniation central and to the left with facet arthropathy and prominent ligamentum flavum. He was felt to have marked central stenosis and lateral spinal stenosis involving the neural foramen. Electrodiagnostic studies reported a left S1 radiculopathy based on dermatomal studies and H reflex latency prolongation. The progress notes describe an EMG. This was not done in the report by Dr.. He underwent a hemilaminectomy at L5/S1 on 2/2/07. He had reportedly 8 weeks of post op physical therapy per the FCE report. I do not have this therapy report. He had ongoing back pain going to both hips and his left leg. A repeat MRI showed postop fibrosis and improvement of the central stenosis. The foraminal stenosis was unchanged. A neurosurgical consultation suggested a fusion, but could not assure him of success. He had an FCE in December 2007 that reportedly showed him to have pain limiting some testing that included spinal motion, squatting, stair and ladder climbing. Psychological studies showed an adjustment disorder.

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

Work conditioning, work hardening **ODG (italics and emphasis are mine):**

Recommended as an option, depending on the availability of quality programs..... These programs should only be utilized for select *patients with substantially lower capabilities than their job requires*. The best way to get an injured worker back to work is with a modified duty RTW program (see [ODG Capabilities & Activity Modifications for Restricted Work](#)), rather than a work conditioning program, but when an employer cannot provide this, a work conditioning program specific to the work goal may be helpful. ([Schonstein-Cochrane, 2003](#)) Multidisciplinary biopsychosocial rehabilitation has been shown in controlled studies to improve pain and function in patients with chronic back pain. However, specialized back pain rehabilitation centers are rare and only a few patients can participate in this therapy. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, *treatment should not exceed 2 weeks without demonstrated efficacy* (subjective and objective gains). ([Lang, 2003](#)) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support..... Work

conditioning and work hardening are not intended for sequential use. They may be considered in the subacute stage when it appears that exercise therapy alone is not working and a biopsychosocial approach may be needed, but single discipline programs like work conditioning may be less likely to be effective than work hardening or [interdisciplinary programs](#). (CARF, 2006) (Washington, 2006) *Use of Functional Capacity Evaluations (FCE's) to evaluate return-to-work show mixed results. See the [Fitness For Duty Chapter](#).*

Criteria for admission to a Work Hardening Program:

1. 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.

2. *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

3. The worker must be able to benefit from 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.

4. 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.

5. *Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.*

ODG PT Guidelines—Work Conditioning

10 visits over 8 weeks

First, this man may be reassigned to this location. The Reviewer could not determine what were the physical requirements of the prior or the proposed jobs. The Reviewer looked in the FCE twice and could not find them. Then, the Reviewer could not determine from the FCE if this man was below the functional needs or not. He apparently is not going back to his prior job and the relocation is accepted. The ODG cites that this treatment should not be beyond two weeks unless documented objective and subjective improvement is found. The criteria, as cited above, required a defined work goal by the employer and employee. The Reviewer did not see where that was offered nor if the job demands exceeds this mans abilities. Further, the request was for 5 sessions per week for 4-5 weeks exceeds the recommended guidelines. Also, the Reviewer is not clear if there is an ongoing radiculopathy from the foraminal stenosis that may require treatment.

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)**