



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/12/08 (AMENDED 05/15/08)

**IRO CASE #:**

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

Twenty sessions of work hardening (97545) and work hardening each additional hour (97546)

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

Board Certified in Orthopedic 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.

Twenty sessions of work hardening (97545) and work hardening each additional hour (97546) - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An Employer's First Report of Injury or Illness form dated  
DWC-73 forms from, M.D. dated 01/08/08 and 01/15/08  
An evaluation with Dr. dated 01/15/08  
Evaluations with, D.C. dated 01/16/08, 02/27/08, and 03/21/08  
DWC-73 forms from Dr. dated 01/16/08 and 02/14/08  
Evaluations with, M.D. dated 01/24/08, 02/06/08, 02/23/08, and 04/01/08  
An MRI of the lumbar spine interpreted by, M.D. dated 01/28/08  
An EMG/NCV study interpreted by, M.D. dated 02/11/08  
An employer restriction form dated 03/14/08  
A psychological evaluation with, L.P.C. dated 03/18/08  
A Functional Capacity Evaluation (FCE) with, D.C. dated 03/18/08  
A work hardening request from Dr. dated 03/31/08  
A preauthorization request from Dr. dated 03/31/08  
A letter of denial, according to the ODG, from, D.C. dated 04/03/08  
A letter of appeal from Dr. dated 04/10/08  
A letter of denial, according to the ODG, from an unknown provider dated  
04/17/08  
A letter of medical necessity to the IRO from Dr. dated 04/21/08  
The ODG Guidelines were not provided by the carrier or the URA

### **CLAIMANT CLINICAL HISTORY**

On 01/15/08, Dr. recommended ice/heat, stretches, Vicodin, and Flexeril. On 01/16/08, Dr. recommended 10 sessions of aquatic therapy, pain medications, a possible lumbar MRI, and off work status. On 01/24/08, Dr. recommended an MRI of the lumbar spine, switching from Flexeril to Zanaflex, and continued aquatic therapy. A lumbar MRI interpreted by Dr. on 01/28/08 revealed disc herniations at L2-L3 and L4-L5 and a disc bulge at L5-S1. On 02/06/08 and 02/23/08, Dr. performed lumbar epidural steroid injections (ESIs). An EMG/NCV study interpreted by Dr. on 02/11/08 revealed an active lumbar radiculopathy at L2 versus L3 and demyelinating peripheral polyneuropathy. On 03/18/08, Mr. recommended a work hardening program. On 03/31/08, Dr. wrote a request for the work hardening program. Dr. performed another lumbar ESI on 04/01/08. On 04/03/08, Dr. wrote a letter of denial for the work hardening program. On 04/10/08, Dr. wrote an appeal for the work hardening program. On 04/17/08, an unknown provider also wrote a letter of denial for the work hardening program. On 04/21/08, Dr. wrote a letter of medical necessity for the work hardening program.

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

While 10 sessions of work hardening is indicated per the ODG, the multidisciplinary biopsychosocial rehabilitation, which is part of the work hardening, does not appear to be part of this work hardening plan. Therefore, at this time, the 20 sessions of the work hardening would not be appropriate.

Regarding the work hardening each additional hour, normally work hardening programs are four hours a day minimum with up to eight hours a day and there is no indication why the additional hours need to be billed. Therefore, I do not feel that would be an appropriate request. I feel this is in line with ODG web based guidelines.

**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 AND KNOWLEDGE BASE
- 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)**