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Notice of Independent Review Decision

DATE OF REVIEW: 05/09/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Item in dispute: Twenty (20) sessions of work hardening

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

Board Certified in Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

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

Denial Upheld

Medical necessity has not been established for twenty (20) sessions of work hardening.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Operative report dated 01/14/08
2. Psychiatric evaluation dated 04/01/08
3. Functional capacity evaluation dated 04/03/08
4. Clinical note Dr. dated 03/25/08
5. Preauthorization request, DC dated 04/07/08
6. Utilization review determination dated 04/07/08
7. Utilization review determination dated 04/14/08
8. ***Official Disability Guidelines***.

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee was xx years old when he was reported to have sustained work related injuries on xx/xx/xx. On this date, he was employed as a when he entered an elevator on the fourth floor of the building. He was planning on going down to next level to perform rounds on that particular floor. However,
the elevator he was in plummeted from the fourth floor down to the lobby floor. He reports hitting the lobby floor, and he got out of the elevator in a state of shock. After about around thirty minutes, the employee began to experience stiffness and soreness in his neck and low back.

The employee was subsequently seen in a local emergency room and received treatment for his low back pain.

The employee eventually came under the care of Dr. and was taken to surgery on 01/14/08. At that time, the employee underwent posterior spinal fusion at L5-S1. The employee subsequently received postoperative physical therapy and was referred for a work hardening program.

On 04/01/08, the employee underwent evaluation. The psychiatric evaluation did not include any testing that was performed such as BAI and BDI. The evaluator opined that the employee was experiencing difficulty managing his pain and experienced a great deal of interference with activities of daily living due to his pain and difficulties adjusting to his injury. It was reported that the employee endured several symptoms of depression. As a result, the employee was diagnosed with adjustment disorder with mixed anxiety and depressed mood. His access to diagnosis was deferred. His GAF is reported to be 65.

The employee was subsequently referred for a Functional Capacity Evaluation (FCE). The employee was given an Oswestry low back pain disability questionnaire which was reported to be 26% equaling a minimal disability. The employee was reported to have provided reliable effort. The employee was reported to be capable of performing at a light physical demand level. The evaluator opined that this did not meet the employee's work requirements which were reported to be medium.

A clinic note was submitted dated 03/25/08. The employee was seen in follow-up by Dr.. At that point, the employee was reporting to be doing very well. He was participating in physical therapy under Dr. care. The employee had significant improvement in his back and leg symptoms and was performing normal activities at that stage without difficulty. He was able to walk with a normal gait. He could flex to 40 degrees and extend normally. He had no nerve root tension signs. Neurologically the employee was within normal limits. Dr. s recommended that the employee undergo a program of work hardening.

On 04/07/08, , D.C., reported that the employee required a structured work hardening program in order to improve his physical demand level and return to his position as a . He was reported to be required to constantly carry a backpack weighing approximately 12 pounds on mobile patrol. This would require the use

of elevators, which the employee had acquired a subsequent fear due to the work injury in an elevator reported to have fallen eight stories. Dr. opined that the employee had to return to work at a medium physical demand level. Dr. further interpreted the FCE to indicate that the employee was only capable of a sedentary work level.

A request for work hardening program was placed on 04/07/08. This was reviewed by, D.C. Dr. recommended non-certification. He reported that the employee's physical demand level appeared to be light according to the ***Dictionary of Occupational Titles*** manuel. He noted that the psychiatric evaluation concluded that the employee had an adjustment disorder with depressed mood; however, no actual measures were reported. A telephonic consultation was performed with Dr., and the case was discussed. Dr. opined that the employee was is currently functioning substantially below his required physical demand level, and he noted that the employee's Oswestry score reflected the fact that his physical therapy program was successful. It was noted that the Oswestry instrument measures perceived functional ability. Dr. opined that it was not expected that someone with minimal perceived disability has psychological barriers to return to work of such a magnitude to require a work hardening program. The employee had completed twenty-four sessions of postoperative physical therapy, which one would expect his endurance to be enough to be able to walk around with a 12 pound backpack. It was noted to be close to the requirements for the employee's work physical demand level.

An appeal request of this determination was submitted on 04/14/08 and was reviewed by Dr. Dr. noted that the employee was capable of performing at a light physical demand level. He noted that there did not appear to be any objective testing substantiating the psychological components for this program. Dr. opined that it appeared that the employee was currently functioning at his required physical demand level. Dr. noted that the records reflected that the employee had to carry a 12 pound backpack while performing his duties, which represented essentially a light duty job. Dr. noted that the FCE on 04/01/08 indicated that the employee could occasionally lift 20 pounds and frequently lift 10 pounds. Dr. reported there was no substantial lack of ability that would require a work hardening program for the employee's described duties. Dr.
reported that it was unlikely that the claimant would be unable to carry his 12 pound backpack with his current limitations. As a result, Dr. opined that the employee had failed to demonstrate the physical limitations that require a work hardening program.

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

I would concur with the two previous reviewers that twenty sessions of work hardening would not be considered medically necessary. The available medical records indicate that the employee is status post a single level fusion and has

undergone twenty-four sessions of postoperative physical therapy. The employee underwent an FCE on 04/01/08 and is capable of performing work in a light physical demand level. The employee's presumed physical demand level is reported to be medium by the requestor. The ***Dictionary of Occupational Titles*** would indicate that the employee's physical demand level is in a light category. I would concur with the two previous reviewers that the employee meets his essential job requirements. In addition to this, it was noted that the employee has undergone a psychiatric evaluation, and there was no detailed report regarding the employee's Beck Depression Inventory or Beck Anxiety Index, as well as MMPI or other testing. Given this lack of documentation substantiating a profound psychological component, the requested program would not be considered medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

1. ***The Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.