

# P&S Network, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/20/2008

**IRO CASE #:**

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

This case was reviewed by a Pain Management doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Work hardening program on dates August 28, 2007, August 29, 2007, August 30, 2008 and August 31, 2007

### **REVIEW OUTCOME**

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

Upheld (Agree)

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records provided for review, the patient is a XX-year-old who sustained an industrial injury to the lumbar spine on XX/XX/XX when he slipped and fell into the trash and landed on his buttocks. Lumbar MRI showed disc bulges narrowing the L5 nerve root exit and Schmorl's nodes at several other levels, which is evidence of existing degenerative changes. Physical therapy and epidurals were provided. An EMG of August 7, 2007 showed involvement of three nerve roots.

Following evaluation of January 19, 2007, a Designated Doctor stated that there were no objective findings and the patient was at MMI with an impairment rating of 0. He stated that the clinical condition is stabilized and not likely to improve with surgical

intervention were active medical treatment. He recommended medical maintenance care only.

In May 2007, the patient reported low back pain of 8/10 with lower extremity radiation. Conservative treatment included medication of Neurontin, epidural steroid injections and a lumbar support. In July 2007, it was reported that he had cervical and thoracic pain. In August 2007, depression, anxiety and insomnia were added to his complaints. Psychotherapy was recommended.

On August 6, 2007 a Designated Doctor evaluation was performed and recommendation was for an FCE and EMG. In subsequent reevaluation of the FCE, the DD determined that the FCE was invalid due to sub-maximal effort. On August 20, 2007, a psych evaluation was provided and medications and work hardening were recommended. An August 28, 2007 psychotherapeutic group note states that the patient believes his employer is holding his position open for him, however, he voiced an interest in other types of jobs with increased opportunities and benefits.

On October 9, 2007, four visits of work hardening were non-certified on a retrospective basis with rationale that the medical records failed to document the medical necessity for work conditioning and a Designated Doctor found the patient did not put forth full effort during the FCE.

On October 27, 2007, the provider requested reconsideration. The provider noted that previously, reimbursement had been provided for date of service August 27, 2007 and that the patient met ODG criteria for admission into the program. No additional medical documentation or medical rationale was provided.

The carrier has indicated that a work hardening visit of August 27, 2007 was paid in error prior to receipt of the August 6, 2007 peer review.

On March 25, 2008, request was made for an IRO.

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

The Official Disability Guidelines required for candidates of work hardening to have a defined return to work goal agreed to by the employer & employee.

The medical records document 5 sessions of work hardening performed post injury in a patient who had been provided, rest, medications, bracing and epidural injections and continued to report pain levels of 8/10. Per the Designated Doctor evaluation in January of 2007, there were no objective findings and the patient was at MMI with an impairment rating of 0. Per Designated Doctor evaluation in August of 2007, it was determined that the patient did not give full effort to a recent FCE and work hardening was not medically necessary. Prior to receiving the report, the carrier paid the August 27, 2007 work hardening visit in error. The medical records fail to document a defined return to work plan agreed to by the employer and employee and the Designated Doctor determined that work hardening was not medically necessary. In addition, on August 28, 2007 the patient stated that he believes his employer is holding his position open for him, however, there was no definite confirmation that the employer was holding the physician. The medical records fail to document a medical necessity for work hardening. Therefore, my determination is to agree with the previous non-certification of the request for work hardening on dates August 28, 2007, August 29, 2007, August 30, 2008 and August 31, 2007.

The IRO's decision is consistent with the following 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 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

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

The Official Disability Guidelines - Work Hardening - 4-24-08:

Recommended as an option, depending on the availability of quality programs. Physical conditioning programs that include a cognitive-behavioural approach plus intensive physical training (specific to the job or not) that includes aerobic capacity, muscle strength and endurance, and coordination; are in some way work-related; and are given and supervised by a physical therapist or a multidisciplinary team, seem to be effective in reducing the number of sick days for some workers with chronic back pain, when compared to usual care. However, there is no evidence of their efficacy for acute back pain. 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 Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. 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 Physical Therapy Guidelines - Work Conditioning

10 visits over 8 weeks

See also Physical therapy for general PT guidelines.

And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.