

True Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: 5/27/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions work hardening

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

MD, Board Certified in Physical Medicine and Rehabilitation

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a man who reportedly injured himself at work. From what the Reviewer gathers, he was on a ladder and misjudged a step/rung. He came down with a jolt to his back. Presumably this was not a fall and the distance was a small amount. He had physical therapy. His FCE showed that he is able to function at a heavy to very heavy functional level, yet he is not able to return to work due to ongoing symptoms of back and right leg pain.

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

He was reported as having some minor inconsistencies during the FCE. Most of his limitations were related to the ladder which is reportedly a major component of his work.

It was also the location of his injury. He was described as being symptom focused.

His work simulation during the FCE was halted due to both physical discomfort (leaning and grimaces) and physiological sign of diaphoresis with “psychophysical” limitations.

He was described as having a high level of fear avoidance that affected his climbing and time of the ladder. The description of his work at the time of the FCE was that it is “almost exclusively ladder work and climbing.”

There appears to be a major amount of psychological overlay that may interfere with this man returning to work. These were manifested during the FCE. His Oswestry score showed him to have a perception of severe disability. He has “fear avoidance” as well. This may explain his need for two days being in bed to recover from the FCE. Dr. noted his anxiety, depression, stress, sleep disturbances, and sadness. There was a comment that he thought his MRIs looked bad and Dr. remarked how this man (not the doctor) felt he needed surgery. There are also comments from Mr. that this man was convinced he had bladder and bowel incontinence.

The description above reflects the significant amount of psychological factors interfering with his recovery. He perceives himself to have a major injury.

There are several issues that are cited from the ODG.

Usually a 3 month period of time is used to separate an acute from chronic pain condition.

The program requirements are such that they “should only be utilized for select patients with substantially lower capabilities than their job requires.” It would appear he meets the strength requirement. The anxiety over the ladder is another issue. This may be addressed with the psychological support. This would be applicable in section 2A of the criteria. His ability to function on ladders is less than the job demands. This is more psychological than physiological.

It is possible that psychological treatment alone will suffice, but the Reviewer suspects he needs to combine the physical and psychological aspects limiting his ability to work.

The ODG, as follows (emphasis the Reviewers):

Work Hardening and Work Conditioning:

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.

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)