

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/08/2009

**IRO CASE #:**

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

Work Hardening 10 sessions (97545, 97546)

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

M.D., Board Certified Orthopedic Surgeon

**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**

ODG Guidelines

DDE, Dr. 01/08/09

Initial WC Evaluation, Unknown Provider, 04/03/09

Psych evaluation, 04/17/09

FCE, 04/24/09

Adverse Determination Letters, 05/19/09, 06/18/09

Office note, Unknown Provider, 05/29/09, 06/30/09

Letter, Dr. 07/14/09

Comprehensive Care Plan, Undated

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a reported low back injury on xx/xx/xx while lifting a trash can into a dumpster. Reference was made to lumbar MRI evaluation from 10/22/08 that noted multilevel broad based bulges from L1-5 with subtle grade I retrolisthesis from L1-4. The claimant treated conservatively with medications, physical therapy and activity modification. A designated doctor evaluation conducted on 01/08/09 indicated the claimant had returned to light duty work which he was able to tolerate; had no lumbar tenderness; and had intact strength, reflex and sensation findings. The claimant was diagnosed with a lumbar strain and placed at maximum medical improvement with zero percent impairment rating. Evaluation on 04/03/09 noted a positive left Lasègue, normal gait, full lower extremity strength and L4-5 tenderness. It was noted the claimant was unable to work due to pain and a work hardening program was recommended. The claimant underwent psychological evaluation on 04/17/09

with notation the claimant had depression, anxiety, sleep disturbance and general deconditioning as a result of the injury and recommendation was again made for an interdisciplinary work hardening program. A functional capacity evaluation completed on 04/24/09 indicated the claimant's job was classified as medium to heavy demand level and the claimant was capable of performing at a light demand level. The claimant was seen on 06/30/09 and underwent trigger point injections at L3-4 and L4-5 and aquatic therapy was recommended.

A letter from Dr. on 07/14/09 indicated the job classification of medium to heavy demand level was supported by an employer verified physical demand analysis as well as the department of labor classifications. The claimant was required to lift and carry at a medium to heavy capacity; constantly stand and walk; and frequently bend and stoop. Dr. continued to note the claimant had undergone psychological evaluation and functional capacity evaluation which supported use of a work hardening program; the employer had been contacted and the claimant has a job to return to; the claimant had a good prognosis to improve and return to work; and the claimant had correctable psychological barriers that would benefit from a multidisciplinary program. It was noted the work hardening program would address strengthening, endurance and functional performance. An initial trial of two weeks of work hardening, eight hours a day, five days a week was recommended.

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

When one turns to the ODG guidelines it appears that the FCE performed in April of 2009 indicated that this claimant could not return to his job requirements. The job was described as medium to heavy. There were no documented concerns regarding maximal effort. It certainly appears that conservative care has been rendered. There are no surgical indications. The letter provided by Dr. indicates that the employer has a job to which this claimant can return. There are no psychological limitations identified which would preclude the performance of the program. In fact, the psychologic evaluation recommended the program. Less than xxxx year has passed since the injury.

Based on the available information and the ODG guidelines I would recommend as medically necessary the proposed 10 sessions of work hardening. The reviewer finds that medical necessity exists for Work Hardening 10 sessions (97545, 97546).

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates; Low Back- Work Hardening

Criteria for admission to a Work Hardening Program:

(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA)

(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning

(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function

(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week

(5) 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

(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with 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

(7) 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

(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less

(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities

(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

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

ACOEM-AMERICA 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)