



Notice of Independent Review Decision

DATE OF REVIEW: 2/9/09

Date Amended: 2/17/09 and 3/6/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for Work hardening, with dates of service of 8/18/08, 8/19/08, 8/21/08, 8/22/08, 8/25/08, 8/26/08, 8/27/08, 8/28/08, 8/29/08, 9/2/08, 9/3/08, 9/4/08, 9/5/08, 9/8/08, 9/9/08, 9/11/08, 9/12/08, 9/15/08, 9/16/08, 9/17/08.

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

Texas licensed 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)

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.

The previously denied request for Work hardening, with dates of service of 8/18/08, 8/19/08, 8/21/08, 8/22/08, 8/25/08, 8/26/08, 8/27/08, 8/28/08, 8/29/08, 9/2/08, 9/3/08, 9/4/08, 9/5/08, 9/8/08, 9/9/08, 9/11/08, 9/12/08, 9/15/08, 9/16/08, 9/17/08.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Texas Department of Insurance Fax Cover Sheet dated 1/29/08.
- Notice to CompPartners, Inc. of Case Assignment dated 1/29/09.
- Case Information Note dated 1/29/09.
- Texas Department of Insurance IRO Request form dated 1/28/09.
- Call Log dated 1/27/09, 1/26/09, 1/23/09, 1/22/09, 1/21/09, 1/20/09, 1/19/09, 1/16/09, 1/15/09.
- Request Form/Request for a Review by an independent Review Organization dated 1/7/09.
- Explanation of Payment Sheet dated 9/16/08, 9/15/08, 9/12/08, 9/11/08, 9/9/08, 9/8/08, 9/5/08, 9/4/08, 9/3/08, 9/2/08, 8/29/08, 8/28/08, 8/27/08, 8/26/08, 8/25/08, 8/22/08, 8/21/08, 8/19/08, 8/18/08.
- Process Educational Note dated 9/17/08, 9/16/08, 9/11/08, 9/9/08, 9/3/08, 9/2/08, 8/27/08, 8/26/08, 8/22/08, 8/19/08.
- Work Hardening/Chronic Pain/Work Conditioning Daily Note dated 9/17/08, 9/16/08, 9/15/08, 9/12/08, 9/11/08, 9/9/08, 9/8/08, 9/5/08, 9/4/08, 9/3/08, 9/2/08, 8/29/08, 8/28/08, 8/27/08, 8/26/08, 8/25/08, 8/22/08, 8/21/08, 8/19/08, 8/18/08.
- Psychoeducational Group Note dated 9/4/08, 9/2/08, 8/25/08.
- Psychotherapeutic Group Note dated 9/12/08, 9/8/08, 8/28/08, 8/26/08.
- Chronic Pain Management Group Note dated 9/5/08.
- Health Insurance Claim Form (7) dated 3/13/08.
- Musculoskeletal System and Connective Tissue Article (unspecified date).
- Network Certification Description (unspecified date).
- Work Hardening Program Information dated 1/5/09.
- Follow-Up Evaluation dated 11/3/08, 8/27/08, 8/20/08.
- Medical Evaluation Summary dated 9/16/08.
- Retrospective Peer Review Summary dated 7/30/08.
- Work Hardening Individual Psychotherapy Note dated 9/9/08.
- Health and Behavior Assessment Sheet dated 9/9/08.
- Psychological Reassessment dated 8/5/08.
- Rehabilitation Symptom Pre-Screen Results (unspecified date).
- Employee's Job Description Request/Letter dated 8/1/08.
- Physical Examination Note dated 8/1/08.
- Notice of Intent Note dated 4/15/08.
- Functional Capacity Evaluation dated 8/12/08.
- Musculoskeletal Evaluation dated 8/12/08.
- Company Evaluation Summary Report dated 9/25/08, 8/12/08.
- Company Supporting Data Report dated 9/25/08, 8/12/08.
- Company Assessment Job Placement Consideration Sheet 9/25/08, 8/12/08.
- Static Strength Performance Rating Results (2)(unspecified date).
- Dynamic Strength Average Occasional Rating Results (2)(unspecified date).

- **Whole Body Range of Motion Performance Rating Results (2)(unspecified date).**
- **Work Endurance Performance Rating Results (2)(unspecified date).**
- **Standing Work Tolerance Performance Rating Results (2)(unspecified date).**
- **Job Description Program Summary dated 9/25/08, 8/14/08.**
- **Job Description Exceptions Report Worksheet dated 9/25/08, 8/14/08.**
- **Interdisciplinary Program Team Conference Sheet dated 9/5/08, 8/29/08, 8/22/08.**
- **Process Group Note dated 8/21/08, 8/18/08.**
- **Group Note dated 9/15/08, 8/29/08.**
- **Chronic Pain Management Group Note dated 9/5/08.**
- **Work Hardening Psychotherapeutic Group Note dated 9/16/08, 9/9/08.**
- **Physical Therapy Re-Evaluation/Discharge Sheet dated 9/25/08.**
- **Aerobic Capacity Assessment Sheet (unspecified date).**
- **Combined Data Report dated 9/25/08.**
- **Texas Worker's Compensation Work Status Report dated 2/4/09, 1/5/09, 11/24/08.**

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: xxxx

Date of Injury: xx/xx/xx

Mechanism of Injury: Slip and fall.

Diagnosis: Lumbar disc displacement and low back pain.

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

This is a xx year-old male who reportedly had attended twenty session of work hardening for chronic pain. The records indicated that the claimant had a date of injury of xx/xx/xx and was diagnosed with low back pain and lumbosacral disorder. A functional capacity evaluation dated 08/12/08, noted the claimant was capable of working in a light physical demand category. The claimant was deemed a good candidate for a work hardening program from a psychological standpoint and was noted not to be a surgical candidate. The records indicated that the claimant attended a work hardening program from 08/18/08 to 09/17/08 for a total of twenty visits. The records provided for review support that the claimant reported a slip and fall 02/25/08, with an injury to the low back, left shoulder, and left elbow. An MRI showed disc bulging at L4-5 and L5-S1. An electromyogram/nerve conduction study (EMG/NCS) was positive for L5-S1 radicular irritation. It was noted the claimant had a lumbosacral disc disorder, and left shoulder rotator cuff strain, which had improved, severe mood and pain and sleep disturbances. A psychological assessment noted the claimant had an adjustment disorder with mixed anxiety and depressed mood, and they recommended the claimant was a good candidate for a work hardening

program from a psychological standpoint and recommended additional psychological services and cognitive behavior approach on 08/05/08. Physical therapy noted the claimant was complaining of low back pain and radicular signs on 08/12/08. A functional capacity evaluation showed the claimant was capable of doing light duty work, but his job required medium duty work, and the claimant thus did not meet physical job requirements. The claimant appeared cooperative during the test, and efforts appeared to be consistent. A pain consult on 08/20/08, noted the claimant had been treated with epidural steroid injections with persistent symptomatology, physical therapy, medications, Soma, Lunesta, Ultram, Flector patch, and Lexapro. On physical examination, he had low back pain, an antalgic gait, positive straight leg raise, positive tension sign, bilateral positive, and they felt he was not a surgical candidate. Thus, they recommended a work hardening program. On 08/27/08, Dr., Physical Medicine and Rehabilitation, felt the claimant would benefit from work hardening. Dr. noted on 09/16/08, that the claimant was improving with work hardening, and the progress note indicated the claimant was attentive during class and participated. The claimant was released to light duty work, part time on 02/04/09. Based on the review of the records provided and evidence-based medicine and the ODG, this reviewer would agree with the determination of the insurance carrier to deny medical necessity of work hardening based on ODG criteria. It would appear the claimant did have a medium duty job. The claimant did have a functional capacity evaluation which showed he was capable of light duty work and demonstrated good consistent effort. The claimant had failed physical therapy with a plateau and was not felt to be a surgical candidate. However, there was no clearly defined return to work date documented by the employee or employer. There was no documented specific job with return to job demands that exceeded the claimant's capabilities or documented on the job training. These criteria are required for work hardening as per the ODG. Should records to that effect become available for review, this reviewer would be happy to take it into consideration. Consistent with evidence-based medicine and the ODG, since there was no return to work goal agreed to by the employee and employer, at this juncture, based solely on records provided and ODG, this reviewer cannot recommend the work hardening as medically necessary.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines (ODG), Treatment Index, Low Back and Pain: Work hardening/conditioning -

“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.”

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.

TEXAS TACADA GUIDELINES.

TMF SCREENING CRITERIA MANUAL.

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

Explanation of benefits/Explanation of payment forms