

# P&S Network, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** May 12, 2009

**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 (Board Certified) 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 on 1/8, 9, 12, 16, 20, 21, 22, 23, 26, 27, 30/09, 2/4, 6/09

### **REVIEW OUTCOME**

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

Upheld (Agree)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o November 19, 2008 MRI report by D.C., DACBR
- o February 10, 2009 billing retrospective review by PRI
- o December 12, 2008, January 14, 2009, and February 9, 2009 functional capacity evaluation reports by MPT
- o November 13, 2008 initial report from D.C.
- o March 6, 2009 report of medical evaluation by D.C.
- o November 12, 2008 through March 13, 2009 therapy notes with indiscernible signatures and initials
- o February 27, 2009 letter of medical necessity from an unidentified source
- o December 12, 2008 through February 3, 2009 psychology notes from Psy.D.
- o December 18, 2008 through February 10, 2009 work hardening notes from MPT

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

According to the medical records, the patient sustained an industrial injury on xx/xx/xx. The records include an MRI report, dated November 19, 2008, with an impression of flattening of the lumbar lordosis possibly secondary to muscle spasm or patient positioning and mild desiccation within the disc material of L4.

The patient underwent an FCE on December 12, 2008. It was noted that the present physical demand level was medium and the physical demand category of his job was heavy. Previous treatment had consisted of chiropractic visits and active therapy. The patient began the work hardening program on December 17, 2008. It was noted that the program was seven hours per day for five days per week.

An FCE was performed on January 14, 2009 following the 15th session of work hardening and the patient's physical demand level was listed as heavy with a physical demand category of his job listed as heavy. The report states that the QMHCP stated that the patient is an appropriate candidate for the work hardening program and would benefit from psychoeducational groups. It identified the following risk factors: Symptoms of depression, anxiety/worry, muscle tension/spasm, difficulty with ADLs,

psychological stress symptoms, high reported pain level (8/10), vocational concerns, anhedonia, decreased appetite and dizziness. The patient reportedly met two of three long-term goals as established by the initial FCE and made great progress toward the remaining goal.

An FCE was completed on February 9, 2009 and the physical demand level was listed as heavy with the physical demand category of the job heavy. He was noted to demonstrate full active range of motion. A recommendation was made that the patient return to work without restrictions. It was noted in this report that the patient had completed 30 sessions of work hardening.

A letter of medical necessity states that the providers attempted to obtain a written job description and this was apparently not received. The employer reportedly stated that modified duty was not available on January 23, 2009.

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

As of the January 14, 2009 FCE, the patient had completed 15 sessions of work hardening over the course of approximately four weeks. At the time of that FCE, the patient had met the physical demand level of heavy required by his job. The Official Disability Guidelines state that work hardening programs should be completed in four weeks consecutively or less. Extending the program to February 6, 2009 would be well in excess of this recommended duration. Given that the patient had met the physical demand level of heavy required by his job as of January 14, 2009 and the recommendation in the guidelines of completion of the program in four consecutive weeks or less, my recommendation is to uphold the previous non-certification of work hardening on 1/8, 9, 12, 16, 20, 21, 22, 23, 26, 27, 30/09, 2/4, 6/09.

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

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 therapy provider 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) The need for work hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehab programs, measurable functional improvement should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit. (Schonstein-Cochrane, 2008) Use of Functional Capacity Evaluations (FCE's) to evaluate return-to-work may show mixed results. See the Fitness For Duty Chapter.

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.

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.