

## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/18/2009

**IRO CASE #:**

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

97545- Work hardening/conditioning; initial 2 hours

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in MO.

**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)

97545- Work hardening/conditioning; initial 2 hours Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Review Data Letter by DC dated 9/24/2009
2. Notice of determination by MD dated 9/8/2009
3. Fax page by author unknown dated 8/31/2009
4. Pre certification request by DC dated 8/28/2009
5. Evaluation by MA dated 8/24/2009
6. Statement of medical necessity by DC dated 8/24/2009
7. Functional capacity evaluation summary by author unknown dated 8/24/2009
8. Patient referral and intake form by author unknown dated 8/20/2009
9. Patient referral by author unknown dated 8/20/2009
10. Progress note by MD dated 8/20/2009
11. MRI L spine by MD dated 8/4/2009
12. Progress note by MD dated 7/23/2009
13. Progress note by DO dated 7/20/2009
14. Progress note by MD dated 6/26/2009 & 7/13/2009
15. Progress note by PT dated 6/26/2009
16. Transcription by PT dated 6/26/2009
17. Progress note by PAC dated 6/23/2009 & 7/1/2009
18. Transcription by MD dated 6/19/2009
19. Essential functions by author unknown dated unknown
20. Fax page dated 10/29/2009
21. Medical reviews of case assignment dated 10/29/2009

22. Request form by author unknown dated 10/12/2009
23. Letter by DC, dated 10/5/2009
24. Fax page dated 9/24/2009
25. Letter by MD, dated 9/8/2009
26. Notification of determination by MD, dated 9/3/2009
27. Physical therapy guideline by MD, dated 6/18/2009
28. Independent review organization dated
29. Letter by DC, dated unknown
30. Official disability guideline for workers' compensation by MD, dated unknown
31. Review Data Review organization dated 10/29/2009
32. Patient information dated 8/24/2009
33. Functional capacity evaluation summary dated 8/24/2009
34. Evaluation note dated 8/24/2009
35. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male injured xx/xx/xx. He was injured when a fellow employee pushed equipment against his back and he fell twice. He was diagnosed with a lumbar strain. MRI does not demonstrate nerve root compression. Clinical notes indicate pain is controlled and injured employee is currently not on medications. He has chronic LBP. He has RTW on modified duty. There is no indication he has failed his RTW. There is no documentation of transition to full duty. There are notes indicating less compliance with HEP while on modified duty. No significant clinical findings are noted.

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

The injured employee was injured when a fellow employee pushed equipment against his back and he fell twice. From review of the documentation, the injured employee has soft tissue injury, lumbar strain and MRI specifically comments on no nerve root displacement or compression. There is no clinical documentation of significant pathology with mainly subjective pain, tenderness in paraspinal muscles, normal motor and sensory exam, normal reflexes.

The injured employee has completed physical therapy. Clinic notes indicate no medication for the condition. He has RTW on modified duty. Notes indicate since he has RTW modified duty, he has not been as compliant with HEP.

Overall, there is no clinical indication of need for work conditioning (WC) and that the injured employee cannot meet his job duties. Currently, he is on modified duty and there are no clinical notes of condition which would improve with work conditioning. There is no evidence of the injured employee trying RTW full duty or transition. There is no indication he has failed current RTW plans.

According to ODG guidelines, WC is recommended as an option, depending on availability of quality programs. The program includes a conditioning program that includes a cognitive-behavioral approach and intensive training to include aerobic conditioning, muscle strength and endurance and coordination. The program should be used in patients with significantly lower capabilities than their job. The injured employee is currently at RTW with modified duty with indication that he has not been as compliant with HEP.

There is no documentation of need for work conditioning. The recommendation is to uphold the previous denial.

**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)

J Occup Environ Med. 2002 Jul; 44(7):677-84.

Association of comorbidity and outcome in episodes of nonspecific low back pain in occupational populations.

Nordin M, Hiebert R, Pietrek M, Alexander M, Crane M, Lewis S.

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Clin Occup Environ Med. 2006;5(3):501-28, v.

Epidemiology of occupational low back pain.

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