



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: October 1, 2009

IRO Case #:

**Description of the services in dispute:**

Dates of Service 10/2/07

1) Review for necessity of 10 sessions of work hardening.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the American Osteopathic Board of General Practice. This reviewer is a member of the American Osteopathic Association, the American College of Sports Medicine, the American College of General Practice and the Texas Osteopathic Association. This reviewer has been in active practice since 1965.

**Review Outcome**

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

Upheld

ODG criteria's #1 and #5 were not met, therefore the patient should not have been admitted to or started in a WC program. Criteria #3 was not addressed as being met by the clinical evidence received for review.

**Information provided to the IRO for review**

Received from Texas Department of Insurance:

Confirmation of Receipt of a request for a Review by an Independent Review Organization (IRO)  
9/18/09, 5 pages

Request for a Review by an Independent Review Organization 9/18/09, 3 pages

Prior Review 8/27/09, 7 pages

Prior Review 8/25/09, 7 pages

Request for Preauthorization 8/20/09, 1 page

Request for Reconsideration 8/19/09, 2 pages

Prior Review 8/18/09, 3 pages

Request for Preauthorization 8/13/09, 2 pages  
Psychosocial Assessment 7/30/09, 3 pages  
Received from Provider:  
Letter from Dr. 9/23/09, 2 pages  
Request for Reconsideration 8/19/09, 2 pages  
Office Note 8/13/09,3 pages  
Functional Capacity Assessment 8/13/09, 10 pages

**Patient clinical history [summary]**

The patient's reported date of injury is xx/xx/xx.

On 7/30/2009, a psychological assessment by D. , LPC. revealed that the patient was injured while moving furniture. An MRI on 11/2007 revealed degenerative disc at L5-S1 with a bulge and right protrusion with S1 nerve root impingement. The patient subsequently had a microdiscectomy at L5-S1 performed by Dr. on 8/27/2008. The patient received 2 injections postoperative and PT. Another MRI on 6/16/2009 revealed a 3mm broad based herniation at L5-S1 with a right lateral recess and moderate central canal stenosis. A L4-5 1.5mm bulge with mild central stenosis and post-laminectomy findings were also found at L5-S1. BDI results and BAI results revealed mild anxiety and depression symptoms. LPC. recommended a work hardening program with psychological needs to be addressed in group therapy sessions.

On 8/13/2009 a functional capacity exam (FCE) revealed the patient complained of moderate to severe pain with all tests. The patient was only able to perform at a light physical demand level (PDL) when his job required a heavy PDL. All the FCE tests were reported as valid.

On 8/13/2009 , DC revealed that the patient was likely to benefit from a work hardening program as his FCE was below PDL required and a psychological assessment by , LPC., recommended the work hardening program and stated the patient would benefit from a WH because he is compliant and has a position to return to.

On 8/19/2009 , DC wrote that the patient needs a transition back to work , but he has functional deficits and deconditioning since the injury. further stated that the patient was a compliant patient and needed the work hardening sessions to be able to return to work (RTW).

On 8/18/2009 , DC. denied the requested 10 work hardening sessions as there was no work agreement in the records that the employer sent in verifying the patient could RTW, and describing the PDL needed, or if there was any modified work available.

On 8/27/2009 DC. A review of the above clinical findings revealed that criteria/indications of ODG for a work hardening program were not met as no employer agreement in writing was in the chart

stating patient had a job to return to, and what the PDL requirements were. Also, if any modified work was available since RTW long term outcome would be improved if patient can be transitioned to full work duty status (this was not answered in the clinical records of the patient).

On 9/23/2009 Dr. signed a typed letter, which was, almost word for word the same as the letter of 8/19/2009, by , DC.

The patient went on to participate in the 10 work hardening sessions without authorization.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

ODG has 10 criteria/indications that must be met for admission to a work hardening program and to be authorized as medically necessary.

Criteria/indication #5 states that: A defined return to work goal agreed to by the employer and employee that (a) A documented specific job to return to with job demands that exceed abilities, or (b) documented on-the-job training.

Also, the documentation submitted does not address the findings of the 6/16/2009 MRI, and there is a question that was not answered by clinical evidence received/reviewed if ODG criteria/indication #3 is met, as this states: Not a candidate where surgery or other treatments would clearly be warranted to improve function.

Criteria/indication #1 also states that patient must demonstrate capacities below an employer verified physical demands analysis (PDA) (employer verification was not in the patient's chart according to records received).

In summary, ODG criteria's #1 and #5 were not met; therefore the patient should not have been admitted to or started in a WC program. Criteria #3 was not addressed as being met by the clinical evidence received for review.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG 2009 guidelines in the treatment, summary, and procedure sections for ICD series 722 and 847 for low back disorders.