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Notice of Independent Review Decision

DATE OF REVIEW: September 14, 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 conditioning program, 5x2, to be completed by August 28, 2009

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

- Submitted medical records were reviewed in their entirety.
- Treatment guidelines were provided to the IRO.
- November 5, 2008 history and physical report from Dr.
- July 21, 2008 report by Dr.
- Physical therapy notes, dated May 20, 2009 through June 15, 2009 by PT
- Dispute of adverse determination for FCE of July 7, 2009 by PT (undated letter)
- July 7, 2009 functional capacity assessment report from PT
- November 18, 2008 myelogram and post myelogram CT report by M.D.
- January 20, 2009 and January 22, 2009 reports from Dr.
- December 15, 2008 initial narrative report from Dr.
- July 14, 2009 through July 29, 2009 utilization review reports

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an industrial injury on xx/xx/xx. The patient reportedly fell onto the right hip and elbow from the top of a ladder. The patient underwent surgery on January 22, 2009 in the form of partial discectomy and laminectomy at the L4-5 level. He reportedly developed weakness and dehydration due to diarrhea and vomiting post-operatively and had undergone 19 visits of physical therapy.

A July 14, 2009 form states that the patient does have a job to return to according to the employer. This form was submitted by the provider. The patient underwent a functional capacity assessment on July 7, 2009. The report notes that the patient is currently functioning on all lift tasks at a level of (5-20 #s repetitively, 20-45 #s occasionally below the waist) and (5-15 #s repetitively, 15-43 #s occasionally above the waist). This does not meet the demands or requirements of his previous job as a warehouse manager, which is frequently at the medium physical demand level. Overall, the test was deemed valid and

consistent.

The records include a July 14, 2009 denial for a work conditioning program five times two to be completed by August 28, 2009. The report notes that an FCE on July 9, 2009 disclosed that the patient was capable of light medium work activities. The records available do not provide specific data to indicate that the patient has a job to return to according to the reviewer.

The case was again reviewed on July 22, 2009 as an appeal. It was noted that there is insufficient clinical documentation available to support the request. No physical therapy notes were submitted for review indicating that the patient had plateaued in therapy and would not benefit from continued therapy. It was also unclear if the patient could be considered a potential surgical candidate. There was no documentation of a work goal agreed to by the employer and employee.

An appeal letter submitted by the provider states that the physical therapy notes clearly indicate that the patient has improved significantly, but continues to have functional deficits, as well as intermittent radicular symptoms. A more aggressive approach was recommended in the form of a functional capacity evaluation with a possible work hardening or work conditioning program. The letter points out that the FCE report indicated that the patient completed a sufficient trial of therapy, but reached a plateau without full resolution of symptoms. Regarding the argument that the patient may be a potential surgical candidate, the appeal letter points out that surgery has been completed on January 22, 2009 via a partial discectomy, laminectomy, foraminotomy, and facetectomy. Regarding the return to work goal, the appeal letter notes that a job description was requested from the employer and the patient description is attached. Pertaining to the ODG criterion of documented on the job training, it was noted that DARS (Department of Assistive and Rehabilitative Services) will be part of the program integration.

A June 15, 2009 physical therapy evaluation report indicates that the patient reports having noted significant improvement since starting therapy. It was noted that he is not currently working due to deficits in symptoms. A recommendation was made for progression to a more aggressive therapeutic approach such as work hardening or work conditioning. The treatment note from June 15, 2009 indicates that the patient was assessed with good effort and no symptomatic changes were reported. A form titled "Therapy Flow Sheet" indicates that the patient was seen six times between May 20, 2009 in June 15, 2009. Although the patient demonstrated an apparent two-minute increase in use of the recumbent bike, the other exercises do not demonstrate evidence of clear objective improvement or increased endurance/strength.

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

The patient has undergone 19 post-operative physical therapy visits. During the last six visits, he did not show significant objective functional improvement, which could signify a plateau. However, the records reflect that while the employer had been contacted, there is no indication that the employer has responded with a defined return to work goal agreed to by the employer and employee. The records include a job description upon which the return to work physical demand level was assessed, however, this description did not come directly from the employer. While there is an indication that DARS will be part of the program integration, the details regarding this are not clearly described. Based on this information, the request for 10 work conditioning visits does not satisfy the criteria specified by the Official Disability Guidelines.

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

According to the Official Disability Guidelines: Lumbar Chapter
Work conditioning, work hardening:
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.