

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 9/14/2009  
**IRO CASE #:**

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

CPT 97545: Work hardening/conditioning; initial 2 hours X 20 sessions

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Texas Medical School and completed training in Anesthesiology/Pain Management at University of Texas Medical School. 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 Anesthesiology since 1993.

**REVIEW OUTCOME:**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

CPT 97545: Work hardening/conditioning; initial 2 hours X 20 sessions Upheld

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

This injured employee is a xx year old female with a history of neck, right arm, and upper back pain that began after an accident working for as a on xx/xx/xx. An MRI showed degenerative changes including spondylosis at C5-6 and C6-7. It was reported that the injured employee also had a subluxation at T3 and T4 on her MRI post injury. Conservative care has included cervical epidural steroid injections and the medication Mobic for pain.

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

This injured employee is a xx year old female with a history of neck, right arm, and upper back pain that began after an accident working for as a on xx/xx/xx. An MRI showed degenerative changes including spondylosis at C5-6 and C6-7. It was reported that the injured employee also had a subluxation at T3 and T4 on her MRI post injury. Conservative care has included cervical epidural steroid injections and the medication Mobic for pain. The injured employee was felt to be a likely surgical candidate. However the injured employee did not want to pursue this avenue of care. There was an FCE performed on 4-28-09 and the injured employee was placed at a light-medium PDC. The FCE report stated that the prior treatments provided only minimal improvement. There was indication that the injured employee was still pain limited. Dr. felt that the injured employee was an "excellent" candidate for the CoPE program, a type of CPMP. It was reported in her clinical that the injured employee felt this would not aggressive

enough from a therapy standpoint. Based on this, there was a request for a work hardening/conditioning program. This request was initially denied. This was based on the following: no job availability noted for completion work hardening and the fact that the ODG does not support work hardening in injuries greater than 2 years. There was a letter of appeal that noted the injured employee did have a job at . With regards to the 2 year recommendation, the letter of appeal by Dr did not follow the ODG stance. ODG outlines several criteria that should be met in order for there to be support of the work hardening/conditioning program. There are 2 criteria that this injured employee does not meet. One of the criteria is that the injured employee is not a candidate where surgery or other treatments would clearly be warranted to improve function. The second criterion is that the injured employee 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. In this case the injured employee has severe limitations secondary to pain. Her injury is xx years and xx months old. There has been nothing provided to the injured employee to date that has helped besides surgery. Based on this information, the request for the work hardening/conditioning program is not supported by the ODG criteria and is not considered medically necessary. Therefore, 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

**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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)