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## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 08/20/10

**IRO CASE #:**

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

Ten sessions of work hardening five days a week for two weeks

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Orthopedic Surgery

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Ten sessions of work hardening five days a week for two weeks - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Injury Information from dated 10/14/09  
An evaluation with, A.P.R.N., F.N.P.-C. dated 12/17/09  
A DWC-73 form from Dr. dated 12/17/09

Evaluations with, M.D. dated 01/14/10, 04/01/10, and 05/27/10  
An MRI of the lumbar spine interpreted by an unknown provider (no name or signature available) dated 01/21/10  
An evaluation with D.O. at Pain Management Center dated 02/09/10  
A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 05/27/10  
A psychological diagnostic interview with Ph.D. dated 06/14/10  
Preauthorization requests for work hardening from D.C. dated 06/25/10 and 07/22/10  
Letters of non-authorization, according to the Official Disability Guidelines (ODG), from dated 07/13/10 and 07/29/10  
Letters "To Whom It May Concern" requesting 10 sessions of a work hardening program from Dr. dated 07/19/10 and 07/30/10  
The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

On 12/17/09, Mr. requested MRIs of the cervical and lumbar spines and an EMG/NCV study of the upper and lower extremities. An MRI of the lumbar spine on 01/21/10 showed disc bulges at L3-L4 and L4-L5. On 02/09/10, Dr. recommended an interlaminar cervical epidural steroid injection (ESI) and physical therapy. An FCE on 03/27/10 indicated the patient functioned at the light-medium physical demand level and a functional restoration program was requested. On 04/01/10, Dr. prescribed Vicodin and Flexeril. On 06/14/10, Dr. also requested 10 sessions of a work hardening program. Dr. also requested the work hardening program on 06/25/10 and 07/22/10. On 07/13/10 and 07/29/10, wrote letters of non-authorization for the work hardening program. On 07/19/10 and 07/30/10, Dr. wrote letters of request for the work hardening program.

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

The requested 10 sessions of work hardening five times a week for two weeks are neither reasonable nor necessary. A high quality work hardening program must commence only if the patient meets all of the criteria set forth in the Official

Disability Guidelines (ODG). The ODG specifically requires the patient have a return to work plan in place. If the patient were to pursue work hardening and not have employment available, it is likely that the results of the rehabilitative program would be lost. There is no physical data to suggest the patient could not return to work at this time without restrictions. The Functional Capacity Evaluation (FCE) noted he was able to work at the light to medium physical demand level (PDL) and this does mean he could seek employment at this time. Further, the psychological evaluation did not determine any specific psychological profile that would warrant a work hardening program. Therefore, at this time, as stated above the requested 10 sessions of work hardening five times a week would not be reasonable or necessary and the previous adverse determinations should be upheld.

**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 AND KNOWLEDGE BASE
- 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)**