



**Notice of Independent Review Decision
IRO REVIEWER REPORT – WC (Non-Network)**

DATE OF REVIEW: 08/18/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 5 x Week x 1 Week x 8 Hours per Session for Lumbar Spine

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

Board Certified in Physical Medicine & Rehabilitation

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.

Work Hardening 5 x Week x 1 Week x 8 Hours per Session for Lumbar Spine - OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- New Injury Report, M.D., 10/21/09
- DWC Form 73, 10/21/09, 10/26/09, 11/05/09, 11/10/09, 11/23/09, 11/24/09, 12/09/09, 04/08/10
- Progress Note, 10/26/09, 11/10/09, 11/23/09, 11/24/09, 12/09/09, 04/08/10
- Physical Therapy, 10/27/09, 11/11/09, 11/13/09, 11/16/09, 11/18/09, 11/23/09
- Follow Up, , M.D., 11/03/09
- Report of Medical Evaluation, , M.D., 11/23/09, 12/09/09
- Lumbar Spine MRI, , M.D., 12/04/09
- Initial Evaluation, , M.D., 01/04/10
- RS Medical Prescription, Dr., 01/04/10
- RX Guardian Report, 01/04/10
- Peer Review, , M.D., 01/29/10, 04/23/10
- Progress Note, Dr., 02/18/10, 03/31/10
- Operative Report, Dr., 03/02/10
- Progress Note, Unknown Provider, 06/16/10

- General Physical Examination, Unknown Provider, 06/16/10
- DWC Form 73, , D.C.
- Functional Capacity Evaluation (FCE), Dr., 06/17/10
- Pre-Authorization, Dr., 07/01/10
- Denial Letter, 07/07/10, 07/27/10
- Mental Health & Behavioral Assessment, Behavioral Health Services, 07/09/10
- Appeal, Dr., 07/20/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The date of injury is listed as xx/xx/xx. The records available for review document that the patient received a physician evaluation at Medical Center on 10/21/09. On that date the claimant had symptoms of low back pain. It was noted that the patient was performing a great deal of pulling and flexion activities of the lumbar spine in the workplace on the above-noted date of injury when the patient developed symptoms of low back pain. When a physician evaluation was accomplished at Medical Center on 10/21/09, there were no neurological deficits noted on physical examination. X-rays of the lumbar spine were described as “negative.” It was recommended that the claimant partake in work activities of no lifting of greater than fifteen pounds.

The records available for review document that the patient received six sessions of physical therapy from 10/27/09 to 11/23/09 at a Medical Center.

On 11/23/09 a physician evaluation occurred at Medical Center, and it was recommended that the patient return to work activities with “no restrictions. It was noted that the patient was placed at a level of Maximum Medical Improvement (MMI) on that date. The patient was diagnosed with a lumbar strain and a sacroiliac joint strain.

A lumbar MRI scan was obtained on 12/04/09. This study revealed evidence for a 2-mm left paracentral disc bulge at the L4-L5 disc level. There were no findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine.

A physician evaluation occurred at Medical Center on 12/09/09. It was recommended that the patient receive an evaluation with a pain management specialist for “possible epidural steroid injection.”

The patient was evaluated by Dr. on 01/04/10. There were no neurological deficits noted to be present on physical examination. It was recommended that the patient receive access to treatment in the form of bilateral lumbar facet injections to the L4-L5 and L5-S1 levels.

Dr. re-evaluated the patient on 02/18/10. It was noted that the treatment in the form of lumbar facet injections was denied by the insurance carrier. It was recommended that the patient receive access to treatment in the form of a lumbar epidural steroid injection (ESI), which was performed on 03/02/10

Dr. evaluated the claimant on 03/31/10. It was noted that the lumbar ESI provided did decrease pain symptoms by approximately 50%. It was recommended that a repeat lumbar ESI be provided.

A Functional Capacity Evaluation (FCE) was accomplished on 06/17/10. The evaluation indicated that the patient's previous job activity was that of a medium duty level. The FCE indicated that the patient appeared to be capable of light/medium duty work activities.

A Behavioral Health Assessment was accomplished on 07/09/10 at Behavioral Health Services. The patient received access to family counseling for approximately one year in 2008, and it was noted that the patient was in Alcoholics Anonymous. The patient attempted to "replace negative thoughts with positive ones, reframing his distressing situations."

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

Based upon the records available for review, five sessions of a work hardening would appear reasonable and appropriate per criteria set forth by Official Disability Guidelines. The records available for review document that the patient is presently at a light/medium duty work activity level. The Functional Capacity Evaluation, which was accomplished on 06/17/10, did appear to be a valid study. The patient's pre-injury job was at a medium duty level. Thus, it would appear that the patient is very near pre-injury work activity level. The records available for review would appear to indicate that the patient does have a job to return to. For the described medical situation, the Official Disability Guidelines would support an attempt at a work hardening program. The current request is for one week of treatment (per five sessions). Given the fact that the patient is very near pre-injury work activity level, it would appear realistic to expect that he could be at a level of pre-injury work activities after five sessions of treatment in a work hardening program. It would be realistic to expect that sufficient progress should be able to be obtained after five sessions of treatment in a work hardening program to return the patient to medium duty work activities.

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)