



Notice of Independent Review Decision

**DATE OF REVIEW: 12/31/09**

**IRO CASE #:**

**NAME:**

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

Determine the appropriateness of the previously denied request for (97545 and 97546) work hardening -10 days/sessions.

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

Texas licensed physical medicine/rehabilitation and pain management specialist.

**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.

The previously denied request for work hardening - 10 days/sessions.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Notice of Utilization Review Findings dated 12/28/09.
- Texas Workers' Compensation Work Status Report x25.

- Follow Up dated 11/30/09, 11/2/09, 10/5/09, 9/21/09, 8/11/09, 7/20/09, 6/15/09, 5/18/09, 5/4/09, 4/16/09, 4/6/09, 3/3/09, 2/20/09, 2/2/09, 1/5/09, 12/1/08, 11/3/08, 10/6/08, 8/25/08, 9/9/08, 7/28/08, 5/21/08.
- Case Synopsis dated 6/24/08.
- History and Physical dated 6/26/08.
- Initial Evaluation/Plan of Care dated 6/25/08.
- Lumbar Special Tests dated 5/20/08.
- Initial Physical Therapy Evaluation dated 5/14/08.
- Exam Images dated 5/27/08.
- Peer Review dated 6/9/08.
- Notification Letter dated 12/23/09.
- Work Hardening Program Pre-Authorization Request dated 11/18/09, 10/23/09.
- Initial Behavioral Medicine Consultation dated 7/14/08.
- Investigative Report dated 7/28/08.
- Visit History dated 5/20/08.
- Impairment Rating dated 5/28/09, 10/16/08.
- Record Review dated 8/19/08.
- Initial Behavioral Medicine Consultation dated 7/14/08.
- Functional Capacity Evaluation dated 10/22/09.
- Notice of Disputed Issue(s) and Refusal to Pay Benefits dated 10/31/08, 10/21/08, 8/27/08, 6/25/08, 6/18/08, 5/30/08.
- Progress Note dated 6/12/08, 6/2/08, 5/19/08.
- History and Physical dated 11/13/08.
- Designated Doctor Report dated 10/28/08.
- Questionnaire (date unspecified).
- Treatment Re-Assessment dated 10/1/08.
- Consultation dated 9/30/08.
- Individual Psychotherapy Note dated 11/18/08, 9/3/08, 8/29/08, 8/19/08.
- Environmental Intervention dated 11/23/09, 10/28/09, 1/9/09, 10/25/08m, 7/30/08.
- Lumbar Myelogram Followed by Post Myelogram CT of the Lumbar Spine dated 12/12/08.
- Benefit Review Conference Report dated 9/4/08.
- Physician Activity Status Report dated 6/12/08, 6/2/08, 5/21/08, 5/19/08, 5/14/08.
- Report of Medical Evaluation dated 11/5/09.
- Lumbar Spine MRI without and with Contrast dated 5/27/08.
- Lower Extremity Nerve Conduction dated 7/17/08.
- Report of Medical Evaluation dated 5/28/09.
- Detailed Narrative Report dated 10/22/09, 10/22/09.
- History and Physical for Work Hardening dated 10/12/09.
- Doctors Report dated 11/24/09, 10/28/09, 10/22/09, 7/13/09, 8/12/08, 6/19/08, 5/14/08.

There were no guidelines provided by the URA for this referral.

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age: xx**

**Gender: Female**

**Date of Injury: xx/xx/xx**

**Mechanism of Injury: Struck on the back by a cart.**

**Diagnoses:**

- 1. Lumbar sprain/strain.**
- 2. Herniated disc.**
- 3. Left lumbar radiculopathy.**
- 4. Spondylolisthesis, Grade II of L5 on S1.**
- 5. Moderate left neural foraminal stenosis.**
- 6. Mild to moderate right neuroforaminal stenosis.**
- 7. Degenerative spondylosis, L3-4 as well as L4-5.**
- 8. Intractable pain.**

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

This female sustained an injury on xx/xx. The mechanism of injury occurred when the claimant was sitting at her station and a forklift was going to pick up a pallet. The forklift missed the pallet. The pallet hit a cart and, subsequently, the cart struck the claimant on her back. Reportedly, she experienced acute low back pain which radiated to the lower left extremity. The diagnoses were lumbar sprain/strain, herniated disc, left lumbar radiculopathy, spondylolisthesis, Grade II of L5 on S1, moderate left neural foraminal stenosis, mild to moderate right neuroforaminal stenosis, degenerative spondylosis, L3-4 as well as L4-5 and intractable pain. She underwent a non-contrast/contrast lumbar MRI, on May 27, 2008, which demonstrated grade II L5 on S1 spondylolisthesis, which measured 1-to 1.2-cm. There was bilateral neural foraminal narrowing, at that level, described as moderate on the left and mild-to-moderate on the right. L3-4 spondylosis was noted. The claimant was released to light duty work; however, as of July 2, 2008, she could not continue the light duty work. She received 12 sessions of physical therapy (PT). On July 17, 2008, the claimant underwent a lower extremity electrodiagnostic study which was reportedly normal. An October 22, 2009 functional capacity evaluation (FCE) determined that the claimant was capable of sedentary work. She also underwent psychotherapy at the request of Dr. . The claimant did not demonstrate progressive therapeutic benefit. On October 23, 2008, the claimant underwent a left L4 transforaminal epidural steroid injection (ESI) without sustained benefit. A December 12, 2008 lumbar MRI, with a postmyelogram lumbar spine CT scan, demonstrated grade I-II lytic spondylolisthesis of L5 on S1, prior attempted posterolateral fusion with bone graft, and suspected incomplete osseous fusion across the L5-S1 level, pars defects, prior decompressive laminectomy and left greater than right neural foraminal stenosis at the L5-S1 levels. Based upon the most recent treating physician progress note available, in the file of medical records documentation

reviewed by Dr., dated November 2, 2009, the claimant remained symptomatic with chronic low back pain and left lower extremity radicular pain, due to the low back injury. Dr. indicated that the claimant was denied the work hardening program. She had not been found to be a surgical candidate. Dr. examined the claimant, on November 2, 2009, and reported paravertebral muscle spasm, tenderness of the lumbar spine and decreased range of motion with flexion, extension, and rotation. He reported a positive straight leg raising test on the left with numbness, tingling, and dysesthesias in the bilateral lower extremities. He diagnosed the following conditions: lumbar sprain/strain, herniated disk, left lumbar radiculopathy, spondylolisthesis grade II of L5 on S1, moderate left neural foraminal stenosis and mild-to-moderate right neural foraminal stenosis, degenerative spondylosis at L3-4 and L4-5; and chronic intractable pain. Dr. stated that the claimant was receiving social security disability income (SSDI) and was "unemployable." He prescribed Darvocet-N 100 one q.i.d. as needed for severe pain and he requested a one-month physician follow-up visit. In summary, the previous recommendation of an adverse determination, for the requested work hardening program x 10 sessions, is upheld because the claimant did not have a gainful employment position to return to and, according to the most recent submitted treating physician progress note by Dr., dated November 2, 2008, he determined that she was receiving SSDI benefits and was "unemployable." Since the claimant was considered unable to resume any type of occupational duties in any capacity, the work hardening program is not indicated. According to the ODG, there must be a "gainful employment position" that is available to the claimant based on a prior agreement with his or her employer. Since this requirement was not satisfied, the previous recommendation of an adverse determination, for the requested work hardening program x 10 sessions, is upheld. This reviewer failed to mention that the claimant sustained a previous 1995 L5-S1 fusion surgery and, according to the most recent submitted radiographic studies, the L5-S1 fusion had failed. This was a contributing factor to her chronic intractable condition. However, surgical consultations had determined that the claimant was not a candidate for a surgical refusion. This would be another reason for upholding the previous adverse determination of the requested work hardening program, as the claimant had a condition that was chronic and intractable. Therefore, the work hardening program would most likely be unsuccessful because of this significant unresolved musculoskeletal condition.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.
- AHCPH – 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.

Official Disability Guidelines (ODG), Treatment Index, 7<sup>th</sup> Edition (web), 2009, Work Hardening Programs.

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).