

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)

06/14/2010

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 06/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening 80 hrs lumbar, thoracic

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

Texas State Licensed MD Board Certified Occupational Medicine physician

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment to 05/27/2010
2. Notice of assignment to URA 05/27/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 05/27/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 05/26/2010
6. Letter 05/21/2010, 05/11/2010
7. Letter 05/25/2010, pre-auth rqst 05/05/2010, re-eval 04/28/2010, progress note 04/26/2010, note 04/21/2010, FCE 04/09/2010, progress note 03/25/2010, note 03/24/2010, 03/10/2010, progress note 02/25/2010, note 02/18/2010, FCE 02/05/2010, note 02/03/2010, order 01/21/2010, 01/15/2010, med eval 10/14/2009, radiology report 07/22/2009, daily exercise sheet 07/07/2009 – 07/29/2009, order 07/29/2009, 07/27/2009, 07/22/2009, 07/20/2009, 07/17/2009, 07/17/2009, 07/15/2009, 07/13/2009, 07/09/2009, 07/07/2009, note 06/26/2009
8. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This is man who developed pain in his back after a fall injury at work. The patient's X-rays of the back did not show any fracture or dislocation. His MRI of the thoracic spine revealed central disc protrusion at T4-T5; the results of the lumbar MRI were reported normal. He was diagnosed with thoracic neuritis and cervical and lumbar strain. The patient was treated conservatively, including pain medication, physical therapy and one thoracic epidural steroid injection. However, he was unable to return to work due to lingering symptoms and lack of physical fitness. Consequently, based on functional capacity and mental health evaluation, the patient was recommended a work hardening program. The patient made a slow but a noticeable progress at completion of 10 sessions of work hardening. He was recommended 10 additional sessions of the treatment to expedite his return to regular duties.

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

Work Hardening programs are interdisciplinary in nature and use real or simulated work activities designed to restore physical, behavioral, and vocational functions of the injured worker. They address the issues of productivity, safety, physical tolerances, and worker behaviors. As per ODG Guidelines, criteria for work hardening program include:

Job demands: A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits).

Healing: 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.

RTW plan: A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.

Program documentation: The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. There should be documentation of the proposed benefit from the program (including functional, vocational, and psychological improvements) and the plans to undertake this improvement. The assessment should indicate that the program providers are familiar with the expectations of the planned job, including skills necessary. Evidence of this may include site visitation, videotapes or functional job descriptions.

Trial: 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 improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress;

Program timelines: These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.

Based on the ODG guidelines and the records reviewed, the insurer's previous adverse determination is overturned. This patient has completed 10 sessions of work hardening with evidence of relief in his condition and gradual improvement in his functional capacity. It is expected that the claimant would benefit from additional sessions of work hardening due to the following:

- Due to his young age, it is highly desirable that the claimant should return to gainful employment rather than accepting him as permanently incapacitated.
- The claimant seems to be motivated to return to work. However, he is still lacking in meeting the physical demands of his job. On his last FCE he continued to perform at light PDL while his occupation requires a frequent medium PDL.
- His response to initial 10 sessions of work hardening was slow due to his chronic back pain syndrome compounded by generalized de-conditioning as a result of his prolonged inactivity.

- According to his interim assessment, the patient has crossed the initial physical and mental barriers to his functional progress after completing the trial of work-hardening and is expected to make a steady recovery with some additional treatment.

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)