

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 06/30/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: DOS 5/20-06/29/09 - Work hardening by CARF accredited Facility recommended by ODG Guidelines

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Description of Employee's Job Duties
2. 07/31/08 - Clinical Note - Unspecified Provider
3. 08/08/08 - Rehabilitation Evaluation
4. 10/09/08 - Clinical Note - MD
5. 11/25/08 - Clinical Note - MD
6. 12/17/08 - Operative Report
7. 03/25/09 - Operative Report
8. 05/14/09 - Physical Therapy
9. 05/19/09 - Functional Capacity Evaluation
10. 05/21/09 - Work Hardening Program Group Therapy Notes
11. 05/27/09 - Designated Doctor Evaluation
12. 05/27/09 - Report of Medical Evaluation
13. 05/28/09 - Work Hardening Program Group Therapy Notes
14. 05/29/09 - Work Hardening Progress Notes

15.06/02/09 - Functional Capacity Evaluation
16.06/05/09 - Work Hardening Program Therapy Notes
17.06/05/09 - Work Hardening Progress Notes
18.06/10/09 - Clinical Note - MD

- 19.06/10/09 - Texas Work Status Report
- 20.06/18/09 - Work Hardening Program Group Therapy Notes
- 21.06/19/09 - Work Hardening Progress Notes
- 22.06/29/09 - Work Hardening Progress Notes
- 23.06/29/09 - Functional Capacity Evaluation
- 24. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he was pushing a chute up to reattach it to a truck and it fell downward toward him.

The clinical notes begin with an evaluation on 07/31/08 by an unspecified provider. The employee complained of radiation of pain down the right posterior thigh and calf. The physical examination revealed tenderness to the lumbar spine. The employee had difficulties with heel/toe ambulation. There was decreased range of motion of the neck due to arthritis. The employee was assessed with lumbar radiculopathy, sacroiliac sprain, lumbar sprain/strain, and muscle spasm. The employee was prescribed Darvocet-N 100 and Skelaxin. He was recommended for six sessions of physical therapy.

The employee was seen for an initial physical therapy evaluation on 08/08/08.

The employee saw Dr. on 10/09/08. The physical examination revealed limited flexion at the waist with some stiffness as he went from erect to flexed and back up. Straight leg raise was negative bilaterally. The employee was assessed with probable right sciatica due to lateral recess stenosis. The employee was recommended for epidural steroid injection.

The employee saw Dr. on 11/25/08 for evaluation of low back pain located in the bilateral lower lumbar paraspinal region. The physical examination revealed positive straight leg raise on the right. Range of motion of the lumbar spine was normal. The note stated the employee had an MRI of the lumbar spine that demonstrated moderate lateral recess stenosis at the bilateral L4-L5. This report was not submitted for review. The employee was recommended for a transforaminal epidural steroid injection.

The employee underwent a right L4 and L5 transforaminal epidural steroid injection on 12/17/08. The employee reported 100% relief post-block.

The employee underwent a right L4 and L5 transforaminal epidural steroid injection on 03/25/09. Findings demonstrated poor filling of both roots and 100% relief post-block.

The employee was seen for physical therapy evaluation on 05/14/09. The employee complained of low back pain that radiated into the right lower extremity. The employee had undergone a series of two lumbar epidural steroid injections. The employee was recommended for twelve sessions of physical therapy.

A Functional Capacity Evaluation (FCE) performed 05/19/09 revealed the employee was currently functioning at a light-medium physical demand level while his occupation required a heavy physical demand level. The employee was recommended for a daily work hardening program.

The request for twelve sessions of physical therapy was denied by utilization review on 05/26/09. Dr. opined that the requested twelve sessions exceeded **Official Disability Guidelines**.

A work hardening program progress note for the week ending 05/29/09 stated the employee had completed six sessions. The employee progressed with a maximum lift and carry, but complained of sharp pain in the low back area on these activities. The employee demonstrated good motivation and effort with all activities.

A Designated Doctor Evaluation was performed on 05/27/09. The employee complained of low back pain rating 6 out of 10 on the visual analog scale. The pain worsened with sitting, walking, sleeping, stooping, and bending. The employee ambulated with an antalgic gait with a cane. The physical examination of the lumbar spine revealed tenderness at L4, L5, and S1 bilaterally. Cervical, lumbar, and thoracic range of motion appeared to be within normal limits. Dermatome sensation testing was within normal limits. The employee was placed at Maximum Medical Improvement (MMI) at that time.

An FCE performed 06/02/09 revealed the employee was currently functioning at a medium physical demand level while his occupation required a heavy physical demand level. He was able to meet specified job demands of mid-lift, walk, stoop, reach immediate right and left, and reach overhead. The employee was recommended for fourteen additional sessions of work hardening.

A work hardening program progress note for the week ending 06/05/09 stated the employee had completed a total of ten sessions. The employee was able to lift and carry 60 pounds, required cues for body mechanics secondary to increased back pain. The employee was recommended for ten additional sessions.

The employee saw Dr. on 06/10/09. The physical examination revealed mild tenderness in the lumbar spine with restricted range of motion. The employee was kept off of work at this time. The employee was recommended to follow up after completion of the work hardening program.

The work hardening treatment was not found to be medically necessary by utilization review on 06/25/09, as there was insufficient evidence of overall functional improvement.

A work hardening program progress note for the week ending 06/29/09 stated the employee had completed a total of twenty sessions. The employee continued to progress with lifting and carrying activities. He was able to tolerate two and one-half hours of work simulation without increased symptoms. The employee was discharged from the work hardening program to a home exercise program.

An FCE performed 06/29/09 stated the employee was able to lift and carry 80 pounds, placing him in a medium-heavy physical demand level. He complained of dull aching pain in the low back and right knee throughout testing. He was recommended to continue with his home exercise program.

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

The continued work hardening from 05/20/09 to 06/29/09 is not supported by the submitted clinical documentation. Although the employee was found to have physical demand level deficiencies on FCE evaluations, there was no indication that the employee had plateaued with standard physical therapy. There was no documentation of a return to work agreement between the employee and employer. Additionally there was no documentation of a psychological assessment that established that there were no psychological barriers for work hardening treatment.

As the clinical documentation does not support the initial entry into a work hardening program, the request for continued work hardening is not medically necessary.

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

1. *Official Disability Guidelines*, Online Version, Low Back Chapter