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Notice of Independent Review Decision

DATE OF REVIEW: May 7, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of work hardening program

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office visits (06/17/08 – 03/26/10)
- X-rays (02/02/09)
- Reviews (02/05/09 – 09/14/09)
- Therapy (02/06/09 – 02/26/10)
- Utilization review (03/18/10 – 04/05/10)

Pain & Recovery Clinic

- Office visits (03/11/10 – 04/21/10)
- Therapy (02/26/10)

TDI

- Utilization review (03/18/10 – 04/05/10)

ODG have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was pulling a pallet when she experienced sudden onset of low back pain on xx/xx/xx.

From xx/xx/xx through December 2009, the patient was seen by, M.D., M.D., M.D., an orthopedic surgeon, D.C., M.D., pain management. The patient complained of low back pain and discomfort with loss of range of motion (ROM) and intermittent muscular spasm. Examination revealed mild-to-moderate tenderness at the lumbosacral spine, slight tenseness of the paravertebral muscles and painful and decreased ROM in all directions. X-rays of the lumbar spine were unremarkable while magnetic resonance imaging (MRI) revealed disc protrusion with annular tear at L4-L5, a central disc protrusion at L5-S1 slightly off the midline towards the left and a 1.5-mm lateral meningocele at L5-S1 level bilaterally. She was diagnosed with lumbosacral strain and was treated with Ultracet, Mobic, and Skelaxin; 10 sessions of physical therapy (PT) consisting of therapeutic exercises, neuromuscular reeducation and manual therapy; and durable medical equipments (DME) including electrical muscle stimulator, transcutaneous electrical nerve stimulation (TENS), lumbosacral support brace, electric moist heating pad and analgesic gel. For persistent complaints, the patient was recommended lumbar epidural steroid injections (ESIs).

D.O., a designated doctor, assessed maximum medical improvement (MMI) as of July 1, 2008, with 0% whole person impairment (WPI) rating. She stated the disability was not a direct result of the work-related injury and the injury had resolved. History was noted to be positive for sexual problems and high blood pressure. Dr. noted the patient had been released to full duty by her doctor.

In September 2009, , M.Ed., performed a mental health evaluation and noted that the patient scored 20 on Beck Depression Inventory (BDI) consistent with moderate depression and 11 on Beck Anxiety Inventory (BAI) consistent with mild anxiety. In a functional capacity evaluation (FCE), she qualified at a sedentary-to-light physical demand level (PDL) versus a heavy PDL required by her job. From October through December 2009, the patient attended 20 sessions of chronic pain management program (CPMP).

2010: In January, Dr. saw the patient for persistent low back pain. Examination revealed mild-to-moderate tenderness in the lumbosacral spine with slight tenseness of the paravertebral muscles and painful ROM. He refilled Ultracet, Cymbalta, Mobic and Skelaxin and referred her to an orthopedic surgeon.

An independent review organization (IRO) upheld the denial for five sessions of CPMP on February 16, 2010.

In an FCE, the patient performed at a sedentary-to-light PDL versus heavy PDL required by her job and was recommended a work hardening program (WHP).

On March 11, 2010, Ms. noted that the patient scored 21 on BDI consistent with moderate depression and 27 on BAI consistent with severe anxiety. Ms. opined that the patient was an appropriate candidate for WHP.

On March 18, 2010, M.D., denied the request for 10 sessions of WHP with the following rationale: *"The claimant has already completed CPMP and now the same facility had resubmitted for WHP. The designated doctor deemed claimant at MMI with 0% impairment rating (IR) and no disability; should be at work full duty. The claimant exhausted treatment and such was recognized by the prior*

IRO reviewer when the same facility requested 25 sessions of CPMP – she had completed 20 sessions. Now, we have a request for WHP – and this clearly exceeds ODG – and is without any justification or support. This facility had 160 hours to discuss return to work – the designated doctor opined that she should be at work. ODG criteria not met. No basis to consider serial programs at the same facility for the same purpose.”

On March 26, 2010, D.C., opined that prior to injury, the patient was conditioned to perform her job effectively; however, since the onset of her injury, she had become deconditioned. During participation in the WHP, she would perform body conditioning activities and job specific work simulation activities and upon completion of WHP, she would transition back into her previous job position. He requested for reconsideration of WHP.

On March 31, 2010, Dr. prescribed Cymbalta, Mobic Skelaxin and placed the patient off work for another month pending reconsideration of WHP and follow-up consultation with Dr.

On April 5, 2010, D.O., denied the appeal for 10 sessions of WHP and gave the following rationale: *“I have reviewed the request for reconsideration. It reports that the current PDL after extensive care is sedentary- light and that she needs WHP to transition back to her regular job. This employer offers modified duty if she is still employed. In addition, when I reviewed the request for continued CPMP on November 30, 2009, her PDL had reportedly improved to light-medium and this reported improvement in function was one of the reasons that I approved additional 10 sessions of CPMP. Given reported regression despite intensive interventions and expectation of patient participation in her own recovery through continued home exercise program (HEP), I see no basis for WHP. There is not a reasonable expectation of progression. There needs to be attempt at return to work.”*

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

I reviewed the records and agree with the prior decisions as this individual has completed extensive CPMP, physical therapy and has been determined to be at 0% WPI and released to work by the designated doctor. Despite significant intervention she remains at sedentary level and it is not a reasonable expectation that work hardening will result in significant change. In addition, her employer has offered modified duty. ODG states: The best way to get an injured worker back to work is with a modified duty RTW program, rather than a work hardening/conditioning program, but when an employer cannot provide this, a work hardening program specific to the work goal may be helpful.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES