

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97545 Initial Work Hardening Program 5xwk x2wks; 80 Hours
97546 Additional Work Hardening Program

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG-TWC Treatment Guidelines
Adverse Determination Letters, 7/16/10, 8/19/10
4/9/10 to 4/30/10
MRI 4/13/10
Medical Center 5/4/10 to 8/23/10
MD 5/31/10
FCE 5/27/10
Medical Equipment 6/1/10
Management 6/11/10
M.D. 6/18/10
DME 6/21/10
8/20/10
Rehab 5/27/10 to 7/8/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx. He is reportedly in a light to medium job work with a 20-25 max lift. He reportedly had a prior 2-year period of disability with back pain and disc herniation (Dr.). His MRI showed disc bulges and foraminal narrowing and facet arthropathy at L4/5 and L5/S1 without nerve root compromise. He received physical therapy. There is no

motor weakness or neurological loss, but there is pain. He received therapy for a strain. Multiple notes state "Patient has not been working because he chose not to work." The 4/30/10 note reports "Patient reports non-compliance with exercise program." He "displays over reactive pain and guarding..." He did not improve with physical therapy. The therapy notes from Medical noted he tolerated therapy well, but that therapy increases his pain level. Dr ordered an EMG to exclude a radiculopathy. Dr., a chiropractor found fibrillations in the lower lumbar paraspinals, the left posterior and anterior tibialis and bilateral gastrocnemius that he interpreted as showing a left L5 and bilateral S1 radiculopathy. Dr. planned ESIs. I did not see that these were given. He has continued with therapies.

Dr. cited videos "dated 4/25/10 and 4/26/10 of the claimant being physically active..." He also described a video of the injury showing minimal movement at the time of the alleged injury. The FCE from 5/27/10 reported he was at a sedentary light level and felt he needed to be at a medium PDL for work. Dr. felt he was at MMI on 7/12/10 and did not feel he had a radiculopathy. There is a psychological screen by Dr. . Ten sessions of work hardening were denied and are the subject of this independent review.

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

This patient has chronic back pain with a prior injury. The videos mentioned by Dr. challenge the functional levels elsewhere described. He continues with back pain with several months of therapy. The ODG states "The best way to get an injured worker back to work is with a modified duty RTW program (see ODG Capabilities & Activity Modifications for Restricted Work), 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." There are notes from that the employer had offered modified work and this man refused. Further, he tested at a sedentary to light PDL on the FCE, but showed other functional capabilities in the tapes mentioned by Dr.. The ODG states "These programs should only be utilized for select patients with substantially lower capabilities than their job requires." The ODG states "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)." Again, there is a question of the mismatch as reported by the prior videos. "The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities." Dr. noted "He appears to be motivated, though a barrier to this goal is his pain experience." He demonstrates severe Fear Avoidance, no depression and some anxiety. His Oswestry score places him in the perceived severe disabled category. I saw no further evidence of psychological intervention. He described increased pain with the physical activity in therapy. Since work Hardening is considered intense physical therapy, it is unclear if the patient could tolerate work hardening. It is unclear if the patient would tolerate or could benefit from the program at this time. The reviewer finds that medical necessity does not exist for 97545 Initial Work Hardening Program 5xwk x2wks; 80 Hours; 97546 Additional Work Hardening Program.

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

ACOEM-AMERICA 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)