



## Notice of Independent Review Decision

**DATE OF REVIEW:**

04/14/2011

**IRO CASE #:**

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

Ten sessions of Work Hardening.

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

Board Certified Chiropractor

**REVIEW OUTCOME**

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

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 medical necessity for the requested course of work hardening is not established.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Records reflect that the injured individual is a male who presented to the office of the attending provider (AP) for the examination and treatment of neck pain associated with an occupational incident that reportedly occurred on xx/xx/xxxx. The history reveals that he reported injuring his neck. The records suggest that he opened the canister and the contents, under pressure by a spring, came out and struck him in the back. The history suggests that he was rendered unconscious and was transported by ambulance to a local emergency facility and was admitted to the hospital and later discharged on 02/01/2010. CT scan revealed a non displaced transverse process fracture and a non displaced spinous process fracture in the cervical spine. The injured individual wore a neck brace for three months. Functional Capacity Examination (FCE) revealed that the injured individual was able to perform at a medium Physical Demand Level (PDL) which matched favorably with his required PDL. The records reveal that the injured individual has been treated with pain management to include epidural steroid injections (ESIs). A designated doctor examination (DDE) on 10/08/2010 opined that the injured individual had reached maximum medical improvement (MMI) as of 08/10/2010. Various psychosocial inventories/assessments indicated the presence of psychosocial issues as of 03/02/2011. A work hardening trial of care has been requested.

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

The records document a cervical spine injury and follow-up care. An FCE was performed on 01/24/2011 which demonstrated that the injured individual was able to perform lifting in the Light Medium to Medium Category. The documentation offers conflicting information as to the actual PDL of the injured individual. There is dispute as to whether he is required to lift in the Medium category or the Very Heavy category. Nevertheless, the FCE did not accurately test the limits of the injured individual. The injured individual was able to lift weights that approximated the Medium category, however the testing was stopped, not because the limits were reached, but rather because “the patient achieved or exceeded the predetermined anthropometric safe lifting limit (based upon the patient’s adjusted body weight)”. Therefore, the test does not accurately determine which category that he is able to achieve or in which to work safely. Moreover, the records indicate that the injured individual has no actual job which to return. Also the records provide no evidence that the injured individual had previously reached a clinical plateau in regards to ongoing progress in response to continued conservative care. Also, a previous DD exam opined that the injured individual had previously reached clinical MMI as of 08/10/2010. Lastly, the records do not indicate that a modified return to work has been considered or attempted. The Official Disability Guideline favors an actual return to work over a return to work program and opines that the actual return to work provides a superior outcome.

Given the injured individual’s equivocal FCE results and assigned PDL, the lack of a position to which to return, the results of the DD exam and assignment of MMI, and lack of evidence of a clinical plateau in regards to the continued delivery of standard conservative care, the medical necessity for the requested return to work program is not established.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Online Version, Cervical Spine, Work Hardening/Conditioning.