Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 07/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Hardening Program X 10 sessions (97545, 97546)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., licensed in the State of Texas, board certified in the specialty of Physical Medicine and Rehabilitation, having practiced this medical specialty for greater than 40 years and continuing active practice, regularly evaluating patients with this particular form of injury and regularly evaluate patients' return to work options in the area of work hardening

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations should be:

__X __Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
847.2	*97545*		*Prosp.*						*Upheld*
847.2	*97546*		*Prosp.*						*Upheld*

1908 Spring Hollow Path
Round Rock, TX 78681
Phone: 512.218.1114
Fax: 512.287-4024

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial, 06/09/11 and 05/27/11 including criteria used in the denial
3. Work hardening authorization request, 05/24/11
4. History and physical, 03/09/11 and 05/18/11
5. Neurosurgery consultation, 02/25/11
6. Radiology report, 01/19/11
7. Evaluation, 05/20/11
8. Behavioral Medicine consultation, 10/28/10
9. Functional Capacity Evaluation, 05/12/11
10. Plan and goals of treatment, 05/20/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The information provided in conjunction with this IRO request indicates that this worker was injured on xx/xx/xx while performing activities as a xx. While working over a period of seven months, she sustained an injury in which she was caught between a combo parts cart and a wash table with resulting complaint of pain in the lower back. The accident was reported to the company nurse on the date of injury. Treatment was sought on xx/xx/xx in the emergency room, and she was taken off work and put on bed rest. Since that point in time, approximately one year ago, she has had persistent pain in her lower back radiating to the right leg.

X-rays made on xx/xx/xx were reported as unremarkable. A lumbar MRI scan done on 01/19/11 revealed L4/L5 diffuse disc desiccation with minimal disc bulge without neural encroachment. She had evaluation with Dr. on 02/25/11, indicating that she was not a surgical candidate and recommended lumbar epidural steroid injection. The patient was evaluated on 03/09/11 and lumbar epidural steroid injection was recommended. It was apparently found during preauthorization that ODG criteria for a lumbar ESI were not met, and the service was not preauthorized.

The patient has undergone twelve sessions of physical therapy, individual psychotherapy, and psychological testing. Her treating physician recommended that the patient be progressed to a work hardening program due to persisting functional deficits and continuing report of pain. The various records have indicated that on 10/28/10, behavioral medicine consultation indicated a Beck Depression Inventory value of 27 and a Beck Anxiety Inventory score of 17. The patient has undergone Designated Doctor Evaluation with MMI being assessed on 11/03/10 with a 5% whole person impairment

1908 Spring Hollow Path
Round Rock, TX 78681
Phone: 512.218.1114
Fax: 512.287-4024

rating. The patient has also been identified with positive Waddell's signs of seven out of eight possible. The preauthorization denial reports appear to indicate that upon evaluation, this individual sustained a lumbar sprain that would reasonably have responded within a period of a short time following the injury with resolution and release for return to work and who had significant findings of symptom magnification would be considered a poor candidate for participation in a work hardening program.

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

I have carefully reviewed all of the submitted medical information, and utilizing evidence-based medical criteria within the ODG, identified that this individual would be considered a poor candidate for participation in a work hardening program. Her overall injury was a lumbar sprain/strain with anticipation of return to work and resolution of symptoms within a period of four weeks post injury. She has been continued in what appears to be a failure to follow the medical disability adviser return to work criteria which would have occurred within the one-month time period. She has displayed significant evidence of symptom magnification that would also indicate a poor likelihood she would benefit from an intensive work hardening return to work program. While there are some mentions that she would be returning to work, no objective specific job was identified.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X __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 national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

1908 Spring Hollow Path
Round Rock, TX 78681
Phone: 512.218.1114
Fax: 512.287-4024