



## Notice of Independent Review Decision

**DATE OF REVIEW:** 06/10/10

**IRO CASE #:**

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

Work Hardening x 10 Sessions

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

Psychology  
Forensic Psychology

### **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)

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.

Work Hardening x 10 Sessions – UPHELD

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Initial Behavioral Medicine Consultation, M.A., M.Ed., L.P.C., 11/16/10
- Follow Up, M.D., 02/18/11
- Follow up, D.O., 03/01/11, 03/22/11
- Assessment/Evaluation for Work Hardening Program, Injury, 03/25/11
- Multidisciplinary Work Hardening Plan & Goals of Treatment, Injury, 03/25/11
- Functional Capacity Evaluation (FCE), D.C., 03/25/11
- Employee Job Description/Employer Contact Form, Undated
- Pre-Authorization Request, Injury, 04/01/11, 04/20/11
- Work Hardening Program Pre-Authorization Request, Injury, 04/01/11
- Denial Letters, , 04/07/11, 04/28/11
- Designated Doctor Evaluation (DDE), D.O., 04/21/11

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On that date, the patient bent down and injured, pulled or strained his back. Treatment to date was noted to include x-rays, MRI of the lumbar spine, epidural steroid injection (ESI) on 07/19/10 and 08/16/10, lumbar CT scan and myelogram, and physical therapy. Initial behavioral medicine consultation dated 11/16/10 indicated the patient reported that he has lost his sense of humor and now losing faith in fellow man. The patient endorsed both initial and sleep maintenance insomnia. BDI was 25 and BAI was 31. Diagnosis was major depressive disorder, single episode, severe, without psychotic features; rule out pain disorder, rule out anxiety disorder, NOS.

A follow up note dated 03/01/11 indicated the patient was doing somewhat better after radiofrequency ablation. The patient stated he was doing well on Paxil, but he and his psychologist felt like he needed to have an increased dose.

An assessment/evaluation for work hardening program dated 03/25/11 indicated diagnoses were major depressive disorder and pain disorder associated with both psychological factors and a general medical condition, chronic.

An FCE dated 03/25/11 indicated that the current physical demand level (PDL) and required PDL were both light. The report read, “although he met his required job demand level of light, it is not realistic that he would be able to perform the required job duties on a frequent basis”. The patient had completed 6 sessions of individual psychotherapy. The current BDI was noted to be 44.

An initial request for a work hardening program was non-certified on 04/07/11 noting that the patient’s history and clinical presentation as clearly consistent with inference of a chronic benign pain syndrome which was generally inappropriate for a work hardening program. There was no current history and physical with review of symptoms and diagnosis provided. There was no job to return to and no work development plan. The inference that the patient was unable to perform regular duties on a frequent basis despite the fact that he has reached his target PDL was not founded on any rigorous analysis of

essential job functions, and it was academic since there was no such job available. The denial was upheld on an appeal dated 04/28/11 noting the patient's required and current PDL were light which was inconsistent with ODG which reads, "These job demands are generally reported in the medium or higher demand level". The patient did not have a job to return to at that time.

A DDE dated 04/21/11 reported the claimant's diagnoses to be lumbar strain/sprain and lumbosacral spondylosis without myelopathy. The designated doctor determined that the patient reached Maximum Medical Improvement (MMI) as of 03/01/11 with 5% whole person impairment.

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

Based on the clinical information provided, the request for work hardening x 10 sessions is not recommended as medically necessary. The submitted records indicate that the patient does not have a job to return to at this time. The Official Disability Guidelines require a specific, defined return to work goal or job plan has been established prior to enrollment in a work hardening program. Additionally, the patient's required physical demand level is light, and the functional capacity evaluation dated 03/25/11 indicates that the patient is capable of working at the light physical demand level. ODG reports that for participation in a work hardening program, "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)." Given the current clinical data, the requested work hardening is not recommended as medically necessary, and the two previous denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 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)**
- AMA 5<sup>TH</sup> EDITION**