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Notice of Independent Review Decision

DATE OF REVIEW: 5/30/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a work hardening program x10 days, as a trial 5x/week for 2 weeks.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a work hardening program x10 days, as a trial 5x/week for 2 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Provider, Provider and the patient

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Provider: UR worksheet of 3/16/11, 3/18/11 email from office, 5/12/11 UR determination, 3/16/11 preauth request, 2/22/11 pt demographics, 2/21/11 RTW program eval script, 3/16/11 WH preauth request, 2/24/11 physical abilities eval report, 3/4/11 behavioral medicine consult, 11/5/10

lumbar MRI report, UR worksheet of 3/31/11, 4/7/11 email by office and 4/7/11 UR determination.

Provider: 5/16/11 letter by office and 3/31/ preauth request.

Patient: 5/18/11 letter by the patient, Injury timeline, 10/18/10 to 12/1/10 notes from medical centers, various DWC 73 forms, 12/3/10 to 3/10/11 notes from Carrier, 12/21/10 EMG/NCS worksheet MD, 5/3/11 letter by office and 5/4/11 EES-14 form.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available records, this XX-year-old male injured his back while working on XX/XX/XX. Apparently, he was attempting to pull a pole from the ground. Shortly after attempting to pull the pole, he noted the onset of lower back pain with tingling down the back of the left lower extremity extending to the foot.

The injured worker was evaluated at a local care center on XX/XX/XXXX. There, he was seen by P.A. The back injury was noted. A past medical history of diabetes and hypertension was recorded. Evaluation revealed normal range of motion and sensation, normal deep tendon reflexes, negative straight leg raise and normal lower extremity strength. Tenderness in the lower back was identified. A diagnosis of lumbar strain was made. The individual was told to take Aleve and Flexeril and to return to work in a modified duty capacity.

The injured worker began a physical therapy program on October 21, 2010 and had 11 physical therapy visits. The physical therapy improved the situation somewhat, but did not totally relieve the symptoms. MRI studies of the lumbar spine were performed on November 5, 2010. These were said to show mild multilevel degenerative disk disease without evidence of canal stenosis or neural foraminal narrowing. There was a posterior annular tear noted at the L5-S1 level.

EMG and nerve conduction studies of the back and lower extremities were performed on December 21, 2010 by M.D. These showed no evidence of radiculopathy. There was evidence of a mild polyneuropathy. The patient was subsequently treated by M.D. who saw the patient on December 3, 2010. On December 30, Dr. noted that the injured worker wanted to try spinal decompression. It is unclear as to whether spinal decompression therapy was provided. On January 27, 2011, Dr. indicated that the injured worker was not noting improvement in symptoms and noted that he had been seen at the Clinic where steroid injections and therapy were recommended. Apparently, injection therapy was not approved. A work hardening program was recommended.

On February 24, 2011, a functional abilities evaluation was performed. This evaluation identified that the injured worker's job fit best in the medium to heavy PDL range. The patient did not meet the job requirements, but apparently was functioning at a light to medium PDL. A work hardening program was recommended.

On March 4, 2011, a behavioral medicine consultation was performed by LCSW. It was noted that pain was interfering with daily function and work. Beck Depression and Anxiety inventories showed minimal depression and anxiety, but there was said to be significant avoidance behavior due to the patient's pain. The evaluator recommended a work hardening program which would provide didactic sessions to address the injured worker's psychosocial problems.

The last evaluation note from Dr. was dated April 7, 2011. At that time, Dr. noted that the individual was working in a light duty capacity and had stable pain at a level 4 out of 10. He continued to describe difficulties with prolonged walking. The injured worker was taking Flexeril and Mobic at that time.

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

This worker had a documented injury to his lower back resulting in low back pain and left lower extremity symptoms lasting longer than XX months. MRI findings noted multilevel degenerative disk disease with an annular tear at the L5-S1 level. It is unclear as to whether the annular tear was due to the injury or whether this is a disease of normal life. Electrodiagnostic studies were performed and were within normal limits. The injured worker had 11 physical therapy sessions with moderate, at best, response. The therapy did not resolve the problem. The injured worker has been requiring nonsteroidal anti-inflammatory drugs, muscle relaxers, ice, and activity modification to control symptoms.

The injured worker has continued to work with restrictions since the time of injury. Work related activities such as walking, lifting, and stooping continue to increase his symptoms and he has not been able to increase work capabilities in spite of efforts to do so. The injured worker's physical performance demonstrated that his current PDL is light to moderate and his job description requires a moderate to heavy PDL.

Psychosocial issues have been identified in his Behavioral Medicine Evaluation and the evaluator recommended a work hardening program with didactic work therapy services to address psychosocial issues. The injured worker has a job to return to and has demonstrated a desire to work and overcome current limitations. Traditional physical therapy, medications, and activity modification have proved insufficient in resolving pain issues and physical limitations. No further conservative treatment (i.e., injections) has been approved, according to

available medical records. Surgery has not been recommended for this individual

Multidisciplinary screening documentation is complete and has resulted in a recommendation that the injured worker enter a trial work hardening program. It is the reviewer's medical opinion that ODG Treatment Guidelines for a work hardening are met according to records presented for review. Therefore, the requested treatment is found to be medically necessary at this time.

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)