

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/21/2011

**IRO CASE #:**

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

Work conditioning x 2 weeks (97545, 97546)

**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**

1/27/11, 2/10/11  
ODG TWC Low Back  
Functional Pain Center 1/20/11  
7/28/10  
Rehab 7/28/10  
Diagnostics, Inc. 8/3/09  
Radiology Associates 7/28/09  
M.D., P.A. 11/10/09 to 3/2/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman reportedly injured with a slip on wet carpet on xx/xx/xx. The MRI and EMG showed evidence of a right S1 radiculopathy (spontaneous activity), with the MRI showing a L5/S1 disc herniation on the S1 root, and L4/5 disc protrusion. She was apparently treated with an ESI, with slight improvement. She received 7 sessions of individual counseling with a psychologist for pain management. This documentation was not included. She had a TENS unit and reported it does not reduce her pain. In February 2011 she reported that her employer was unable to follow her restrictions of 4 hours per day. She started Cymbalta in January 2011 according to Dr. MD. She is prescribed vicodin, flexiril, celebrex. In February 2011, she was placed out of work "due to her employer being unable to accommodate patient with the restrictions doctor has ordered." She underwent FCE on 2/16/11, and was found to function at sedentary physical demand level. FCE states that "her job description requires prolonged sitting for eight hours which increases her pain to high levels." FCE showed she could not tolerate more than 15 minutes of sitting. Recommendation was two weeks of work conditioning "in order to attain tolerance level, flexibility, and abolishment of pain." A handwritten note dated March 2011 states her employer is now able to accommodate her

restrictions.

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

According to the ODG, "WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs)...." "WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work. *Timelines:* 10 visits over 4 weeks, equivalent to up to 30 hours."

This request for 2 weeks of Work Conditioning for 4 hours per visit, 10 visits, exceeds the timeline recommended for the program in ODG.

In addition to this, the ODG considers Work Conditioning as a treatment option when the employer cannot offer specific work accommodations. It appears from a March 2011 exam note that the claimant's employer is able to offer the claimant work accommodations at this time.

There were no notes regarding the claimant's prior participation in physical therapy. There was no evidence presented that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of the program. The patient's FCE report states that "According to (the patient's) job description, she must function at a Sedentary Physical Demand Level....She is currently functioning at a Sedentary Physical Demand Level." The patient's main issue is her pain with sitting. It is unclear from the records provided how a work conditioning program would help her sit and reach the PDL she is currently at. ODG notes that "the best way to get an injured worker back to work is with a modified duty RTW program, rather than a work hardening/conditioning program."

The ODG Work Conditioning guidelines are not satisfied. Therefore, at this time, the reviewer finds there is not medical necessity for work conditioning x 2 weeks (97545, 97546).

**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)