

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** April 29, 2011

**IRO CASE #:**

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

40 hours of work conditioning program

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

### **REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

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

#### **D.C.**

- Office visits (06/15/10 – 03/22/11)
- Rehabilitation (06/28/10 – 07/28/10)
- Diagnostics (07/01/10)
- PPE (02/17/11)
- Preauthorization Reviews (03/31/11 – 04/13/11)
  
- Office visits (06/15/10 – 03/02/11)
- Diagnostics (07/01/10)
- Health Claim Forms (07/01/10 – 09/15/10)
- PPE (02/17/11)
- Preauthorization Reviews (03/11/11 – 04/14/11)

**ODG has been utilized for the denials.**

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

The patient is a male who was injured on xx/xx/xx. He was loading and unloading beside an 18-wheeler, when it started to back up. He had to jump off the truck and while twisting to the side and trying to balance, he heard a pop in his low back and experienced low back and groin pain.

Initially, the patient was seen by D.C., at Spine and Rehab Center, for complaints of low back pain with associated burning and tingling feeling in the right thigh and discomfort in bilateral knees. Examination revealed spasms and tenderness in the paraspinals bilaterally, right quadratus lumborum muscles, midline of knee and the left sartorius and the left quadriceps muscles. The patient was diagnosed with lumbar spine sprain/strain, hip sprain/strain, knee sprain/strain, displacement of lumbar intervertebral disc (IVD) and radiculitis and was started on physical therapy (PT). The patient underwent 13 sessions of PT through August consisting of interferential, joint mobilization, myofascial release and therapeutic exercises.

Magnetic resonance imaging (MRI) of the lumbar spine revealed at L4-L5, a 4 mm left subarticular disc protrusion flattening the thecal sac as well as the left L5 nerve root sleeve, mild bilateral foraminal narrowing. At L5-S1, a 4.0 mm diffuse disc bulge and mild bilateral foraminal narrowing.

M.D., noted complaints of lower back pain radiating posterior to the right thigh down to the knee and pain in the inguinal area. On examination, there was tenderness in the bilateral inguinal areas and pain in the testicles. Dr. diagnosed thoracic and lumbar strain with pain radiating posteriorly down the right thigh clear down to the knee and trauma to the inguinal area accompanied with pain on testicles. He referred the patient for an orthopedic evaluation; prescribed Soma and Mobic and recommended follow-up with Dr..

The patient continued to have lower back pain and trouble urinating. Electromyography/nerve conduction velocity (EMG/NCV) of the lower extremities revealed mildly active lumbar radiculopathy affecting bilateral L5 nerve roots and denervating motor unit potentials identified exclusively indicative of acute process. X-rays of the pelvis revealed hips without degenerative joint disease and sacroiliac joints without sclerosis. X-rays of the lumbar spine revealed a clinical instability pattern at L5-S1 only with complete loss of anterior column support with facet subluxation, foraminal stenosis and lateral recess stenosis with loss of motion of the functional spinal unit with collapse of the anterior column.

In a designated doctor evaluation (DDE), Dr. assessed lumbar strain and herniated disc at L4-L5 with impingement of the left L5 nerve root and recommended epidural steroid injections (ESIs). The patient was not found to be at maximum medical improvement (MMI).

The physical performance evaluation (PPE) placed the patient at the sedentary physical demand level (PDL) versus heavy PDL required for his job. The evaluator recommended participating in a work hardening program (WHP).

Participating in 20 sessions of WHP was recommended by Dr. and Dr..

On March 11, 2011, request for WHP was denied with the following rationale:  
*"The patient is a male checker who sustained an injury when he jumped off the*

*truck, towards a loading dock on xx/xx/xx. This patient sustained an injury on xx/xx/xx, and subsequently underwent conservative treatment. As per medical note dated February 22, 2011, the patient complains of lower back pain radiating posteriorly to the right thigh and knee. There is also a note of pain in the inguinal area. On physical examination, there is a note of pain in the lower thoracic and lumbar spine with movement of the torso. Tenderness of the paraspinal musculature is noted. Digital percussion evokes pain from T10 to L5. Right and left straight leg elevation was reported to arouse pain in the thoracic and lumbar area which radiates anteriorly to inguinal area and posteriorly down the right thigh and knee. This request is for 40 hours of work conditioning program. There is no documentation of objective evidence of the patient's functional response to previously rendered conservative treatment, inclusive of physical therapy. The requested number of hours is in excess of the recommendations. However, there is no indication that the patient's current deficits would necessitate going beyond the guideline recommendation. As such, the requested service is not determined at this time and hence not certified".*

On March 31, 2011, Dr. appealed for reconsideration for WCP. He stated: The patient had had 12 session of PT in his office. He completed his PT sessions in July 2010, with improvement of ROM and ADLs. As per the PPE on February 17, 2011, the patient was currently performing at a sedentary to light PDL. The patient worked as a material handler which required him to be at a heavy PDL. The patient demonstrated functional deficits that needed to be addressed in a return to work program as shown in the PPE report. It appeared that at the very least a trial period would be reasonable and medically necessary. All objective findings, subjective findings and functional deficits supported the necessity for a work conditioning program. The patient was motivated to return to work and the goal with the patient was to return him to work as soon as he could safely do so.

On April 7, 2011, the appeal for 40 hours of work conditioning program was not certified. The rationale was: *The current request exceeds guidelines recommendations for prospective review. Work conditioning was only allowable if entry criteria are met, for up to 30 hours. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for 40 hours of WCP is not certified.*

On April 13, 2011, Dr. requested an IRO stating the following: The patient was on a home exercise program on which he was not improving which indicated that he needed supervision and individual direction in order to receive a significant improvement from an exercise program. A work hardening program was being recommended to increase his PDC. It was medically necessary for the patient to participate in a work conditioning program in order to improve in strength, flexibility and to improve posture and body mechanics.

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

Based on the employee's complaints, the pain was lower back and right lower extremity while the objective testing revealed mainly left-sided IVD disorders that do not correlate with the employee's complaints. Based on

the 07/27/2010 report, the employee is NOT employed. There is no employer/employee agreement on returning to work.

The claimant is described as an obese male, unemployed, and in the heavy physical demand level. Dr. reported that he may be a surgical candidate or a candidate for ESIs. This would preclude a return-to-work program. Providers and recommend chronic pain management program while recommends work conditioning for 40 hours. ODG only allows 30 hours for work conditioning.

At this time, the requirement for work conditioning is not established in the records. The recommendation from the treating doctor is more than is allowed by ODG. There is no established benefit from the requested program.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**