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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September 30, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program 5 x week x 2 weeks - 10 Sessions (80 Hours)

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

MD, Board Certified in Physical Medicine and Rehabilitation

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

Official Disability Guidelines
Texas outpatient non-authorization recommendation 08/12/11
Texas outpatient reconsideration decision: non-authorization 08/30/11
Initial medical report and progress notes DC 03/25/11 through 08/19/11
Lumbar spine MRI 05/17/11
Electrodiagnostic evaluation/EMG-NCS 05/03/11
Request for pre-authorization for physical therapy 05/27/11
Request for reconsideration for physical therapy 07/07/11
Request for pre-authorization for work hardening program 08/10/11 and 08/23/10
Collaborative report for medical necessity of work hardening program 10 sessions 08/08/11
Office notes MD 04/05/11 and 07/28/11
Functional capacity evaluation 07/15/11
X-rays lumbar spine three views 03/15/11
Peer review MD 05/24/11 and 06/07/11
Peer/impairment rating review, DO 07/18/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who sustained an injury to the low back on xx/xx/xx while unloading/lifting boxes. MRI of the lumbar spine was performed on 05/17/11 and revealed a tiny central disc protrusion at L5-S1 measuring approximately 2mm in AP dimension, superimposed on spondylosis and annular disc bulging. There was no significant canal stenosis seen and the bilateral neural foramina at L5-S1 were only slightly encroached. Electrodiagnostic testing was performed on 05/03/11 and reported evidence most consistent with active radiculopathies involving the right L5 and bilateral S1 nerve roots. Physical examination on 03/25/11 reported moderate restricted lumbar range of motion in all planes with pain during active efforts. Lumbar flexion and extension in particular were restricted and painful with localized low back pain. Straight leg raise in the supine position caused left sided low back pain at 65 degrees of elevation on the right. The injured employee complains of increased left low back pain and accompanying pain and numbness in the great and second

toes of the right leg at 60 degrees of straight leg raise with left leg. Kemp's test increased low back pain and gluteal pain. Straight leg raise in the seated position increased low back pain at 65 degrees bilaterally without increased complaint of toe discomfort. The injured employee experienced low back pain and toe pain/tingling during valsalva. Toe and heel walking were achievable with difficulty secondary to pain. Neurologic examination revealed intact and bilaterally symmetrical sensation and reflexes. There was 4/5 strength noted in the right dorsiflexors, which appears to be secondary to pain. Conservative treatment included nine sessions of physical therapy.

Per a Texas outpatient non-authorization recommendation dated 08/12/11 recommended non-authorization of work hardening program five times a week times two weeks. The reviewer noted that after carefully reviewing the history and mechanism of injury, clinical examination findings and MRI imaging results it is clear that the injured employee sustained nothing more than a mild to moderate sprain/strain injury of the low back. It was noted that although EMG study was described as consistent with radiculopathy, it was inconclusive at best and inconsistent with results of the MRI study and clinical exam findings and would not form the base of her prescribing participation in a work hardening program in any event. It was noted that given the treatment rendered and physical therapy provided plus time off of work the effects of the sprain/strain injury should have fully resolved by this time. It was noted by definition work hardening is an interdisciplinary individualized job specific program of activity with the goal of return to work. Although work hardening is recommended by nationally accepted clinical practice guidelines as an option these guidelines state that such programs should be specific for the job the individual is going to return to and not just therapeutic exercise, plus there should also be psychological support. An appropriate functional capacity evaluation should demonstrate a gap between the current level of functional capacity and an achievable level of demands required by the individual's specific job function. It was noted that peer-to-peer contact was made with Dr. who agreed that this does not rise to the level of needing a full work hardening program and offered to negotiate change the request to a work-conditioning program, but the request to modify the UR to a work-conditioning program was rejected.

A reconsideration decision on 08/30/11 was for non-authorization of work hardening program five times a week for two weeks. The reviewer noted that the injured employee complains of continued low back pain. Range of motion is limited. Straight leg raise and Kemp's test are positive. Strength is 4/5 in the right dorsiflexors. MRI of the lumbar spine on 05/17/11 showed 2mm central disc protrusion at L5-S1 with slight encroachment of the neural foramen. Electrodiagnostic testing on 05/03/11 reported evidence of active L5-S1 radiculopathy on the right. The injured employee has had nine sessions of physical therapy to date. Functional capacity evaluation was performed and based on the results of this examination the injured employee was placed on restrictions of no lifting greater than 20 pounds, no bending, stooping, climbing stairs or ladders and no overhead reaching greater than two hours in a given work day. He is required to lift greater than 30 pounds to return to his job full duty. The provider recommended work hardening. The reviewer noted that Official Disability Guidelines recommends work conditioning/hardening program to get an injured worker back to work. An initial trial of one to two weeks is recommended. In this case there was no evidence of a failed return to work attempt. There was no indication as to why the injured employee cannot recondition himself with a home exercise program or why the sprain strain injury hasn't resolved sufficiently in the five months since injury to allow for self directed reconditioning or attempted return to work. Without adequate justification the continuation of care through a work hardening program medical necessity is not established.

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

This patient sustained a lifting injury to the low back on xx/xx/xx. He participated in nine visits of physical therapy. He also received chiropractic care for this injury. The records reflect that he sustained a sprain/strain type injury to the low back. The request for a work hardening program was denied based on the determination that the injured employee has had an appropriate course of treatment and should be capable of independently pursuing a home exercise program. There is no evidence of a psychological/behavioral component that would

support the need for a work hardening program, which apparently was agreed to during peer-to-peer discussion on 08/12/11. Accordingly, the reviewer finds there is no medical necessity for Work Hardening Program 5 x week x 2 weeks - 10 Sessions (80 Hours) at this time.

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)