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Notice of Independent Review Decision

DATE OF REVIEW: 10-3-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of functional restoration program x 80 hours, lumbar.

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. This 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 functional restoration program x 80 hours, lumbar.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: MD

These records consist of the following:

- Notes from M.D. dated October 14, 2010, December 14, 2010, December 17, 2010, December 30, 2010, January 13, 2011, January 20, 2011, January 25, 2011, February

- 17, 2011, March 28, 2011, April 28, 2011, May 24, 2011, June 7, 2011, June 23, 2011, July 19, 2011, and August 16, 2011
- Notes from physical therapy dated December 21, 28, and 30, 2010 and January 4, 7, 11, 13, 18, 20, and 25, 2011
 - A note from M.D. dated January 13, 2011
 - Operative Report from umbilical hernia repair with Marlex Mesh dated February 3, 2011
 - Multiple hospital records from Medical Center at regarding the umbilical hernia repair
 - Record review from, M.D. dated March 16, 2011
 - Notes from M.D. dated March 18, 2011, April 1, 2011, April 6, 2011, April 15, 2011, May 6, 2011, June 17, 2011, June 24, 2011, July 20, 2011, July 27, 2011, August 12, 2011, and September 9, 2011
 - MRI report of the lumbar spine dated January 31, 2011
 - FCE and Mental Health Evaluation dated March 25, 2011
 - Adverse determination for requested functional restoration program dated April 1, 2011
 - EMG and Nerve Conduction Study dated June 3, 2011
 - RME or DDE from D.O. dated June 13, 2011
 - FCE and Mental Health Evaluation dated July 20, 2011
 - Operative note from right L5-S1 transforaminal epidural steroid injection dated July 22, 2011
 - Adverse determination note from Ph.D. dated July 27, 2011 and from, Ph.D. dated August 8, 2011
 - Letter from dated September 2, 2011

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records presented for review, this worker was injured on XX/XX/XX while lifting approximately 40 to 50 pounds at work. He developed lower abdominal, umbilical, and low back pain which radiated down the right lower extremity and was associated with numbness. A past medical history of hypertension and type II diabetes was noted. The injured worker was said to be approximately 70 inches tall with a weight of 280 pounds and a BMI of approximately 40. Tenderness along the lumbar spine and sacral area was documented. There was decreased range of motion of the spine, decreased ankle reflexes bilaterally, normal strength and sensation in the lower extremities, and a positive straight leg raise on the right. X-rays of the lumbar spine were said to show a loss of lumbar lordosis. Diagnoses of lower back pain with radiculopathy, lower abdominal muscle strain and sprain, and umbilical hernia were made. Recommendations included a general surgical referral, Amrix, Ultram, ibuprofen, ice, rest, and modified duty work.

On December 21, the injured worker began a physical therapy program recommended by the treating physician, M.D. Records of ten physical therapy sessions between XX/XX/XX and January 25, 2011 were presented.

On January 25, 2011, Dr. stated that the patient had received trigger point injections two weeks previously and these had relieved the pain somewhat for a short period of time.

On January 31, 2011, MRI studies of the lumbar spine showed grade I spondylolisthesis of L5 on S1, moderate bilateral foraminal narrowing from bulging, and contact of both L5 dorsal ganglia was described.

On February 3, 2011, the injured worker underwent surgery by M.D. for repair of his umbilical hernia with Marlex Mesh.

On March 16, 2011, a Peer Review was provided by M.D. Dr. reported that the L5-S1 spondylolisthesis was pre-existing and degenerative in nature but stated that it was possible that activity could aggravate the pre-existing spondylolisthesis and spondylosis. Dr. stated that the injured worker was not a candidate for surgery in the absence of instability. It was stated that electrodiagnostic studies may be indicated. Treatment suggested included mild analgesics and ten to twelve physical therapy sessions. Dr. opined that a PM&R physician referral was not unreasonable. It was suggested that flexion and extension films of the lumbar spine might be needed to evaluate instability. Dr. stated that the injured worker should be doing daily exercises to lose weight and further stated that epidural steroid injections would be indicated only in the presence of radiculopathy.

On March 18 2011, M.D. evaluated the injured worker and stated that the injured worker had a lumbar sprain or strain with progressive low back and possible exacerbation of spondylolisthesis. Dr. recommended a complete assessment and stated that the injured worker might be a candidate for injection.

On March 25, a Functional Capacity and Mental Health evaluation was performed. A progressive physical rehabilitation program was recommended with ten session of physical therapy and occupational therapy and four counseling sessions.

The proposed treatment program was denied in the Utilization Review process by two physicians.

On June 3, 2011, the injured worker underwent electrodiagnostic studies which were consistent with an acute right L5 radiculopathy. An epidural steroid injection was recommended and was performed on July 22, 2011. This injection apparently provided significant relief of radicular pain and some relief of lower back discomfort. A functional restoration was again recommended by Dr. on July 20, 2011.

On June 13, 2011, a RME or Designated Doctor Evaluation was performed by D.O. Dr. gave the opinion that the injured worker was not at maximum medical improvement and stated that "work hardening would be a part of a return to work plan."

A functional restoration program was denied in Utilization Review by Ph.D. and by Ph.D.

A Functional Capacity Evaluation and Mental Health Evaluation were performed on the injured worker on July 20. At that time, a pain management or functional restoration program was recommended by the examining health care professionals.

The last evaluation on this patient was provided by Dr. on September 9, 2011. Dr. stated that the injured worker was feeling somewhat better. He stated that most of the radicular pain had resolved, but there was still central low back pain and significant deconditioning with core strength weakness that precluded the injured worker going back to his previous employment.

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

Recommend approval of the requested service. This worker was injured in a work related accident on xx/xx/xx. He had radicular signs and symptoms and was treated conservatively with medications and physical therapy, without significant improvement in back and leg symptoms. He had developed an umbilical hernia which was repaired on February 3, 2011. He had MRI studies and electrodiagnostic studies performed as a part of his ongoing evaluation. The MRI studies showed grade I spondylolisthesis felt to be a degenerative or pre-existing condition. There was an indication on MRI that both L5 dorsal root ganglia were contacted by pathologic elements. In the interim he lumbar spine and electrodiagnostic studies confirmed a right L5 radiculopathy. An epidural steroid injection was performed. On September 8, the injured worker had improved with good improvement in radicular symptoms, but continued lower back pain. Mental health and Functional Capacity Evaluations showed persisting psychological and physical problems and concluded that the injured worker was not able to return to his prior employment.

A Functional Restoration Program has been requested and, according to available records for my review, appears to meet ODG Guidelines for a Functional Restoration or Chronic Pain Management Program.

This worker has a chronic pain syndrome which has lasted more than nine months. He has demonstrated extensive and excessive dependence on health care providers with multiple recurring physician visits and a need for ongoing medication. There is documentation of secondary physical deconditioning and psychosocial problems including anxiety, depression, a sleep disturbance, and pain behaviors with avoidance, social isolation, and disruption in the quality of interpersonal relationships. Functional Capacity Evaluations have shown that the injured worker does not have sufficient strength and endurance to return safely to his previous employment. He has developed psychosocial sequelae that limit his function and recovery.

Previous methods of treatment including physical therapy, multiple medications, activity modification, modalities, and injections have improved the injured worker symptoms, but his symptoms continue to limit the patient functionally. Surgery has been ruled out as an option. According to this medical record, other treatment modalities have been prescribed but have not allowed the injured worker to recover sufficiently to return to work.

There has been an adequate and thorough evaluation made by multiple physicians and therapists, MRI studies, electrodiagnostic studies, and mental health evaluations. These evaluations have included an evaluation of social and vocational issues. There is no indication that there are diagnoses that could be better addressed using any other treatment modalities.

A treatment plan has been proposed with goals of return to work, prevention of recurrent injury by increasing functional capacity, decreasing fear of pain and re-injury, decreasing the sleep disturbance, and increasing independent pain management skills. The treatment is to be administered in a facility which has been well recognized for its quality and positive outcomes.

This injured worker is now taking only ibuprofen according to the most recent documentation and is no longer requiring narcotics and therefore, medication use is not a significant issue. There is indication in the medical record that the injured worker is motivated to improve and to return to work.

It appears from available medical records that this injured worker has received appropriate and intensive evaluation procedures and treatment but has not yet reached the point where he can successfully manage his pain, exercise adequately to decrease deconditioning, and return to work. Therefore, he is an appropriate candidate for a Functional Restoration Program as defined by the ODG Treatment Guidelines.

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)**