



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:
877-738-4395

Notice of Independent Review Decision

DATE OF REVIEW: 01/30/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of work hardening over two weeks

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spine Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Ten sessions of work hardening over two weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the sacrum/coccyx dated 10/12/10 and interpreted by D.O.
Weekly Progress Report for Pain Recovery Center dated 02/21/11 through 02/25/11 with D.O. and other providers
An MRI of the lumbar spine dated 05/25/11 and interpreted by Dr.
Functional Capacity Evaluations (FCEs) dated 05/25/11 with P.T. and 11/08/11 with O.T.R.
Designated Doctor Evaluation dated 06/02/11 with M.D.
DWC-69 form dated 06/02/11 from Dr.
An evaluation with D.O. dated 07/06/11
A letter To Whom It May Concern dated 07/20/11 from D.O.
An initial evaluation with M.D. dated 09/28/11
A Preauthorization Notice from M.D. with Prium dated 10/03/11
A Workers' Compensation Precertification Request dated 10/11/11 from An evaluations with Dr. dated 11/01/11
An Initial Behavioral Medical Evaluation with L.M.S.W. and M.Ed., L.P.C. dated 11/09/11
Preauthorization requests from Dr. dated 12/01/11 and 12/12/11
Additional Preauthorization Notices from Dr. with dated 12/06/11 and from M.D. dated 12/15/11
Notices of Preauthorization Determination from dated 12/06/11, 12/13/11, and 12/15/11
Peer to Peer Phone Conference dated 12/14/11 from D.C.
A letter from addressed to Professional Associates dated 01/03/12
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the sacrum and coccyx on 10/12/10 revealed degenerative changes about the SI joint bilaterally and multiple small focal T2 hyperintensity consistent with mild inflammatory changes/bilateral sacroilitis and mild facet arthropathy at L4-L5 and L5-S1. In a weekly progress summary for the week of 02/21/11 through 02/25/11, Dr. noted the patient attended either a pain management or work hardening program, which was not clear from the note. An MRI of the lumbar spine on 05/25/11 revealed mild facet arthropathy at L2-L3, L3-L4, L4-L5, and L5-S1 mild to moderate in severity. At T12-L1, there was a diffuse disc bulge with minimal effacement of the thecal sac without neural encroachment. At T11-T12, there was a mild disc bulge superimposed on a left paracentral protrusion, likely disc herniation of the extrusion variety, with cephalad extension, abutting and slightly effacing the leftward ventral cord with mild central canal narrowing. On 05/25/11, the patient underwent an FCE with Mr. Mallard. It was felt she put forth maximal effort, but there were severe pain behaviors noted during testing. It was felt she was functioning in the medium physical demand level and her previous employment required the medium/heavy physical demand level. Dr. performed a Designated Doctor Evaluation on 06/02/11. He noted the patient had excessive pain responses to light palpation over the base of her skull to her lower sacrum. She had exquisite tenderness

over the SI joints to light touch. Range of motion because her of expressed pain in the cervical and thoracic spines, were decreased 30 to 50%. Straight leg raising was negative bilaterally. Dr. felt the patient had reached Maximum Medical Improvement (MMI) on 02/24/11 and assigned her a 0% whole person impairment rating. On 09/28/11, Dr. noted the patient had reduced sensation at the L4-L5 dermatome on the right and DTR's were +1 on the right and +2 on the left. She was tender to palpation and range of motion was reduced due to pain. Mobic and Tramadol were prescribed, as well as therapy. On 11/08/11, the patient underwent another FCE, which indicated the patient was functioning in the sedentary physical demand level. It was felt she was a candidate for a multidisciplinary return to work program. On 11/09/11, Ms. and Ms. performed an initial behavioral evaluation. It was felt her symptoms of depression and anxiety, ongoing disability, and sleep disorder could be served by a work hardening program. On 12/01/11, 80 hours of work hardening was requested by Dr. office. On 12/06/11, provided a notice of adverse determination for the requested 10 sessions of work hardening. On 12/12/11, 80 hours of work hardening were again requested by Dr. office. On 12/15/11, provided another adverse determination for the requested 10 sessions of a work hardening program.

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

The patient has already completed a tertiary rehabilitation program. She was functioning at a reasonable level after that program. Her FCE on 05/25/11 revealed she was functioning in the medium physical demand level and her previous employment required the medium-heavy physical demand level. Then in an FCE dated 11/08/11, she was functioning in the sedentary physical demand level. Her functional level has diminished since that time, which is inexplicable on any physical basis. Furthermore, the Designated Doctor documented symptom magnification and placed her at MMI with a 0% whole person impairment rating. The ODG chapter for work hardening states "upon completion of a rehabilitation program neither enrollment in, nor repetition of the same rehabilitation program is medically warranted for the same condition or injury". Having failed to improve the patient's clinical or functional situation at its first attempt, it is not reasonable to expect that the same type of treatment would result in a different outcome. Based upon the ODG, 10 sessions of work hardening over two weeks are neither reasonable nor necessary and the previous adverse determinations should be upheld 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 AND KNOWLEDGE BASE

- 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)**