



## Notice of Independent Review Decision

**DATE OF REVIEW:** 01/24/12

**IRO CASE #:**

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

Work Hardening 80 Hours

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

Board Certified in Physical Medicine & 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)

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.

Work Hardening 80 Hours – UPHELD

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

- Evaluation, Medical Centers, 03/10/11, 03/14/11, 03/21/11, 03/24/11, 03/27/11, 03/31/11
- DWC Form 73, Medical Centers, 03/10/11, 03/21/11, 03/24/11, 03/27/11, 03/31/11
- Physical Therapy, Medical Centers, 03/15/11, 03/21/11, 03/22/11, 03/24/11
- TX UR Certification Notice, 03/16/11
- Initial Comprehensive Evaluation, Medical, 04/08/11
- DWC Form 73, Medical, 04/08/11, 04/29/11, 06/01/11, 08/01/11
- Pain Management Modalities, Medical, 04/29/11, 05/06/11, 05/24/11, 06/01/11, 06/02/11, 06/07/11, 06/14/11, 06/16/11, 06/23/11, 06/29/11, 07/12/11, 07/29/11, 08/01/11, 08/05/11, 08/09/11, 08/15/11, 08/17/11
- Peer Review, M.D., 05/06/11
- Lumbar Spine MRI, Imaging, 05/09/11
- Comprehensive Medical Analysis, Associates, 05/09/11
- Electrodiagnostic Studies, M.D., 05/11/11
- Consultation, 05/17/11
- Thoracic Spine MRI, Imaging, 05/31/11
- Cervical Spine MRI, Imaging, 05/31/11
- Initial Evaluation, Imaging, 06/06/11
- Designated Doctor Evaluation (DDE), M.D., 06/20/11
- Lumbar Epidural Steroid Injection (ESI), Imaging, 06/28/11
- Re-Evaluation, Medical, 07/13/11
- Physician Advisor Referral, 07/19/11, 09/27/11, 09/28/11
- UR Generic Notice of Modification, 07/22/11
- Impairing Rating, Evaluation Center, 08/02/11
- Initial Behavioral Medicine Consultation, Injury 1, 08/18/11
- TX UR Certification Notice, , 09/29/11
- Consultation, Bradley J. Eames, D.O., 11/15/11
- Functional Capacity Evaluation (FCE), Center, 11/15/11
- Multidisciplinary Work Hardening Plan & Goals of Treatment, Injury 1, 11/15/11
- Individual Psychotherapy Treatment Re-Assessment Summary, Injury 1 11/16/11
- Work Hardening Program Pre-Authorization Request, Injury 1 12/02/11, 12/21/11
- Medical Necessity, D.O., 12/12/11
- Reconsideration, Injury 1, 12/21/11
- TX UR Reconsideration Determination, 12/25/11
- Medical Necessity, M.D., 12/28/11
- Correspondence, 01/09/12
- The ODG Guidelines were provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The records available for review document that on the date of injury, the patient was carrying a trash bag that weighed approximately 40 pounds. It was documented that she developed difficulty initially with symptoms of low back pain.

The patient was evaluated at a Medical Center on 03/10/11. On that date, she was diagnosed with a "back strain".

The patient received an evaluation with Dr. at Medical on 04/08/11. On that date, there was documentation of symptoms of low back pain and pain in the left lower extremity, as well as pain in the right lower extremity. Additionally, there were symptoms of pain in the cervical region, the right upper extremity, and the left upper extremity, as well as the thoracic region. The patient was diagnosed with lumbar disc displacement, spasm of muscle, cervical disc displacement, and displacement of thoracic intervertebral disc without myelopathy.

It would appear that the patient received at least seventeen sessions of supervised physical therapy services from 04/11/11 to 08/17/11 at Medical.

A lumbar MRI was accomplished on 05/09/11. This study revealed findings consistent with a posterior central disc protrusion at the L4-L5 and L5-S1 levels. There was evidence for a mild degree of degenerative facet joint hypertrophy at the L4-L5 and L5-S1 levels. The report also described evidence of a disc protrusion at the L3-L4 level with evidence of moderate disc desiccation from the L3-L4 through L5-S1 levels.

The patient was evaluated by Dr. on 05/17/11. On this date, there was no documentation of a neurological deficit. The patient was diagnosed with lumbar disc displacement, lumbar radiculitis, lumbago, and a lumbar myofascial injury.

An MRI of the thoracic spine was accomplished on 05/31/11. This study disclosed findings consistent with a central disc protrusion at the T1-T2 and T3-T4 levels. The report did not describe the presence of a compressive lesion upon any of the neural elements in the thoracic spine. There was evidence for degenerative spondylosis from T1 through T6. A cervical MRI was accomplished on 05/31/11. This study showed findings consistent with a central disc protrusion at the C6-C7 level with a central disc protrusion at the C5-C6 and C4-C5 levels. The report did not describe the presence of a compressive lesion upon any of the neural elements in the cervical spine.

The patient was evaluated by Dr. on 06/06/11. It was recommended that consideration be given for treatment in the form of a lumbar ESI.

A DDE was accomplished by Dr. on 06/20/11. On that date, the patient was placed at the level of Maximum Medical Improvement (MMI). There were no neurological deficits noted to be present on physical examination and she was awarded a total body impairment of zero percent.

Dr. performed a lumbar ESI on 06/28/11.

On 07/13/11, the patient received an evaluation by Dr. at Medical. It was recommended that the patient receive access to treatment in the form of physical therapy services.

Dr. evaluated the patient on 07/26/11. It was noted that treatment in the form of a single lumbar ESI did not decrease pain symptoms. It was recommended that consideration be given for treatment in the form of a cervical ESI.

The patient was evaluated by Dr. at the request of Dr. on 08/02/11. This physician did not feel that the patient was yet at a level of MMI.

A behavioral medicine consultation was accomplished at Injury One on 08/18/11. It was documented that previous treatment had included approximately six sessions of physical therapy. It was recommended that treatment be considered in the form of individual psychotherapy for a minimum of six weeks.

The patient was evaluated by Dr. on 11/15/11. This physician recommended that treatment be considered in the form of a work hardening program.

An FCE was accomplished on 11/15/11. The evaluation did not appear to be a complete study as portions of the test were stopped due to pain intolerance.

A document was available for review from Injury One, dated 12/02/11, at which time it was recommended that treatment be considered in the form of a work hardening program. It was documented that an FCE accomplished on 11/15/11 revealed that the claimant was capable of sedentary work activities. It was documented that the patient's pre-injury occupation was of a medium work activity level.

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

Based upon the medical records available for review, the Official Disability Guidelines would not support a medical necessity for treatment in the form of a work hardening program in this specific case.

The primary medical condition referable to any of the affected physical structures of the body would appear to be that of muscular strain. The records available for review do not document the presence of a focal neurological deficit on physical examination. A Functional Capacity Evaluation was accomplished on 11/15/11. This study did not appear to be a fully valid study. The medical necessity for an extensive program such as a work hardening program would not be established when there is documentation of what would appear to be a non-valid Functional Capacity Evaluation. The above noted reference indicates that inconsistencies and/or an indication that an individual has performed below maximal effort should be addressed prior to consideration of treatment in the form of a work hardening program. Additionally, the records available for review

do not provide definitive data to indicate if there is a job for the patient to return to. Consequently, per the criteria set forth by the above noted reference, presently, there would not appear to be any medical necessity for treatment in the form of a work hardening program as there is documentation of what would appear to be a non-valid Functional Capacity Evaluation.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
  
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**