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Notice of Independent Review Decision

DATE OF REVIEW: 1-2-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of: Work Hardening program for 80 hours.

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 Work Hardening program for 80 hours.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Injury 1 and Injury.

These records consist of the following:

MDR paperwork

IMO adverse determination letters 11-4-2011, 11-29-2011
IME from M.D. dated 10-13-2010
Supplemental report from Dr. dated 4-22-2011
Presurgical Behavioral Medication Consult dated 6-8-2011
History and Physical for a work hardening program from M.D. dated 10-19-2011
Job description dated 10-25-2011
PPE provided by D.C. dated 10-25-2011
Assessment for Work Hardening Program provided by M.S. dated 10-25-2011
Work Hardening Pre-Authorization dated 11-1-2011
Letter of Denial dated 11-4-2011
Reconsideration Request dated 11-17-2011, 11-18-2011
Adverse Determination Letter dated 11-4-2011, 11-29-2011
Patient Face Sheet
Prescription from MD 11-1-2011
Multidisciplinary Work Hardening Plan and Goals of Treatment 10-25-2011
Assessment for Work Hardening Program
Work Hardening Program pre-authorization requests 11-1-2011, 11-17-2011, 11-18-2011
A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, this worker was injured on xx/xx/xx while she was working as a. She was attempting to lift a. She reportedly developed neck and back problems. Records indicate that following her injury, she did work in a light duty capacity at least until May, 2010. After that, no light duty apparently was provided to her.

Records for review include an IME performed by M.D on October 13, 2010. Dr. noted the patient's injury and stated that she was complaining of neck pain radiating down the left upper extremity with tingling in her third, fourth, and fifth digits of the hand and weakness in the left upper extremity. She also had lower back and left lower extremity pain with "tingling" in the left foot. Dr. noted that an MRI of the cervical spine had shown a substantial disk protrusion at the C6-7 level on the left and multiple degenerative changes were noted in the lower back. He noted that the injured worker had had four epidural steroid injections into the lower back area with minimal relief.

Dr. indicated that the injured worker had had a mental health evaluation which revealed a pain disorder with associated psychological factors. Multiple other physicians had evaluated the injured worker. Dr. concluded that the injured worker had sustained a cervical strain with herniated disk with radicular symptoms in the left upper extremity, and a lumbar strain with superimposed multilevel degenerative changes which had "resolved." Dr. stated "I believe she is to some degree magnifying her symptoms." He further stated that he felt further treatment of the cervical spine was reasonable and necessary. He felt that no further treatment of the lumbar spine was indicated.

A supplemental report from Dr. was provided on November 22, 2011. In that report, Dr. stated "I would offer consideration of surgery in the form of a cervical discectomy and fusion."

It was noted that the injured worker had seen a neurosurgeon, but the issue of surgery on the cervical spine was not further addressed in available medical records.

On June 8, 2011, a Pre-surgical Behavioral Medicine Consult was provided. In this consult, it is noted that the injured worker had had a left L5-S1 micro surgical laminotomy and decompression of nerve roots with diskectomy. It further states that an anterior cervical diskectomy and fusion were recommended.

On October 19, 2011, M.D. performed a History and Physical Examination on the injured worker, reportedly in preparation for a work hardening program. Dr. indicated that the injured worker was complaining of neck and lower back pain. He further indicated that the injured worker was seeing pain management physicians and had recently had neck injections which helped. He further stated that the lower back symptoms had been getting worse.

On October 25, 2011, a Physical Performance Evaluation was performed by, D.C. Dr. Ford concluded that the injured worker was not able to perform regular job duties and could benefit from a functional restoration program. Reportedly, the injured worker was functioning at a sedentary PDL and her job required a heavy PDL. A multidisciplinary work hardening plan and goal of treatment was provided.

On October 25, 2011, M.S. provided an assessment for a work hardening program and a work hardening pre-authorization request was issued on November 1, 2011.

On November 4, 2011, a letter of denial of a work hardening program was issued because “without clear definitive documentation that surgery is no longer going to be pursued, the request cannot be established as reasonable and necessary per evidence based guidelines.”

On November 17, 2011, a reconsideration request was submitted. In this reconsideration request, there is a statement that Dr. notes indicated that a second surgery was not being pursued. Furthermore, it stated that psychological overlay indicates that the patient will require a program with a psychotherapeutic component. It was noted that the injured worker was taking Xanax, hydrocodone, Flexeril, Cymbalta, and Lyrica. There is a statement that the patient feels that she will not be able to return to work as a and that she would benefit from vocational rehabilitation.

On November 29, 2011, a second adverse determination for a work hardening program was issued. In this letter, it is stated that “it is still not clear if the patient is a surgical candidate and there is no explanation as to why she is not such a candidate.” The determination letter also states that psychological issues are too severe to meet requirements for a work hardening program.

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

Recommend approval of requested service. This worker was injured in a work related accident on November 28, 2009. She had extensive treatment and apparently continued to

work in a light duty capacity until May, 2010. She did not work after that time, reportedly because light duty was not available. The injured worker has been extensively evaluated and treated with lower back surgery, psychotherapy, injections, physical therapy, and medications. A Physical Performance Evaluation was performed and concluded that the worker was functioning at a sedentary PDL and needed to be able to function at a heavy PDL.

Available records initially indicated that the injured worker wanted to return to work as a, but most recent documentation indicates that the worker does not feel she can return to work in a heavy PDL. Therefore, she desires vocational rehabilitation counseling services which can be concurrently provided with her work hardening program. The record clearly indicates a definite interest on the part of the injured worker in return to work.

As previously stated, the injured worker has been extensively evaluated and treated. Surgery on the cervical spine has been considered. It is unclear if the patient refused the surgery or if the surgeon declined to perform the procedure, but the reconsideration request letter of November 17, 2011 clearly indicates that surgery is not being pursued. The record does not indicate why surgery is not being considered, but it does state that surgery is not being considered as a treatment option. Therefore, in this reviewer's opinion, the record fulfills the ODG Treatment Guideline requirement that the injured worker not be a candidate for whom surgery, further injections, or further therapy would be clearly warranted to improve function.

A prescription for work hardening has been provided. The injured worker has been thoroughly screened both physically and psychologically and she has been extensively treated. Persisting musculoskeletal and psychosocial deficits have been identified. Her evaluation has indicated that she cannot perform at the level required for her prior employment. All previous treatment including physical therapy has not provided adequate relief of symptoms to the injured worker. A return to work plan through vocational rehabilitation has been proposed.

According to available medical records, it appears that this injured worker does meet ODG Treatment Guideline requirements for medical necessity of a work hardening program for 80 hours.

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)