

US Decisions Inc.

An Independent Review Organization
9600 Great Hills Trail Ste 150 W
Austin, TX 78759
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening x80 Hrs/Units Cervical/Lumbar

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

M.D., Board Certified Pain Medicine

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 medical necessity exists for each health care service in dispute.

The reviewer finds that Work Hardening x80 Hrs/Units Cervical/Lumbar is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Office note Dr. 01/10/12

MRI brain with and without contrast 02/03/12

History and physical Dr. 02/06/12

Initial rehab evaluation 02/08/12

Office notes/follow-up Dr. 02/16/12-04/26/12

Initial behavioral medicine consultation 02/29/12

Rehabilitation progress notes 03/05/12-04/06/12

MRI lumbar spine 03/12/12

MRI cervical spine 03/12/12

Individual psychotherapy note 03/23/12-04/16/12

Multidisciplinary work hardening plan and goals of treatment 04/16/12

Functional capacity evaluation 04/19/12

Designated doctor evaluation 04/23/12

Assessment/evaluation for work hardening program 04/26/12

Pre-authorization request work hardening program 04/27/12

Utilization review determination 05/03/12

Reconsideration pre-authorization request 05/15/12

Utilization review determination 05/22/12

Insurance Company response regarding disputed services 06/05/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx whose date of injury is xx/xx/xx. He was injured in a motor vehicle accident when his 18-wheeler hydroplaned in the rain and went into a ditch. He was diagnosed with cervical and lumbar sprain/strain. MRI of the lumbar spine on 03/12/12 reported L4-5 annular bulge, which was noted as not appearing large enough to significantly impinge upon the exiting left L4 nerve. At L5-S1 there is a small non-lateralizing central disc protrusion and moderate facet arthropathy. It was noted that the disc protrusion does not lateralize enough to displace or swell the exiting L5 or crossing S1 nerve roots. MRI of the cervical spine reported degenerative disc disease at C6-7 with uncinata spurs and mild foraminal narrowing. The claimant was referred for physical therapy and completed 12 sessions from 03/05/12 through 04/04/12.

An initial behavioral medicine consultation on 02/29/12 reported that the claimant scored 45 on BDI2 indicating severe depression, and BAI score was 52 reflecting severe anxiety. The claimant underwent six individual psychotherapy visits, but there was no report of the final visit (number six of six). There was no reassessment of Beck scores on anxiety and depression inventories. The claimant was referred/evaluated for work hardening program. Functional capacity evaluation on 04/19/12 reported current physical demand level is sedentary and required physical demand level is heavy. Designated doctor evaluation on 04/23/12 determined that the claimant had reached maximum medical improvement as of 01/10/11 when the claimant was released to return to work full duty. 10% impairment rating was assessed. Repeat psychological evaluation on 04/26/12 reported BDI2 score of 25 and BAI score of 42.

A request for work hardening x 80 hours/units for the cervical/lumbar spine was reviewed on 05/03/12 and non-certified. The reviewer noted that the claimant sustained sprain/strain injuries, which should have resolved. Previous BDI and BAI as well as current BAI scores were exceedingly elevated calling into question their validity; however there was no indication that the claimant had undergone psychometric testing with validity measures. An appeal request for work hardening times 80 hours/units for the cervical/lumbar spine was reviewed on 05/22/12 and again request was non-certified. The reviewer noted that the claimant presents with multiple pain complaints involving the left neck, left shoulder and low back. Latest physical examination dated 04/26/12 revealed moderate left sided paracervical muscle spasm and tenderness as well as pain on range of motion. Previous request for work hardening was non-certified due to lack of psychometric testing as well as lack of information regarding previous treatments to address the claimant's psychological distress. Per latest documentation it was noted that the claimant has had six individual psychotherapy sessions as well as 12 sessions of physical therapy. Serial progress notes were not provided for review. Reference guidelines indicate that the claimant may be considered for work hardening after treatment with an adequate trial of physical therapy or occupational therapy has been demonstrated wherein the claimant showed initial improvement followed by plateau and is not likely to benefit from continuing physical therapy or general conditioning. It was also unclear if the claimant was a candidate for surgery, injections or other treatments that would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery). There is one sentence that states the claimant is not a surgical candidate in review of the Official Disability Guidelines, but not included in other documentation. It was discussed with Dr. that while there is notation of the need for vocational plan if the claimant does not have a job to return to, preponderance of the section refers to addressing job requirement/performance gap. It is not clear what the vocational plan is other than statement that program has strong vocational counseling. Therefore return to work portion has not been fulfilled. It was also not clear why the functional capacity evaluation designated the claimant as sedentary physical demand level as there was an average on leg lift of 58.9 pounds, 33.2 pounds and 54.5 pounds on high near lift which should be far in excess of sedentary. This calls into question the validity of functional capacity evaluation. Evidence of exhaustion of other therapeutic modalities has not been provided.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND

CONCLUSIONS USED TO SUPPORT THE DECISION:

The claimant was injured secondary to motor vehicle accident on xx/xx/xx. He was diagnosed with cervical and lumbar sprain/strain injuries. Imaging studies of the cervical and lumbar spine were unremarkable. The claimant was treated with an initial course of physical therapy x 12 visits; however there is no indication that the claimant had plateaued and was unlikely to make further progress with physical therapy. Initial psychological evaluation reported BDI2 score of 45 and BAI score of 52, which were noted to indicate severe levels of depression and anxiety. However, as other reviewers noted, scores being this high may be indicative of symptom magnification/malingering. There was no indication that further psychometric testing was completed to evaluate the possibility of symptom magnification/malingering.

The claimant did participate in a course of individual psychotherapy. He was then recommended to undergo a work hardening program. The records indicate the claimant has no job to return to, and there is no specific defined return to work goal/vocational plan. The indication of current physical demand level of sedentary and required physical demand level of heavy is not substantiated, as there is no documentation that the claimant has a job to return to. It was also noted that the validity of the functional capacity evaluation is questioned as reflecting true sedentary physical demand level. The reviewer finds that Work Hardening x80 Hrs/Units Cervical/Lumbar is not medically necessary.

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)