

Notice of Independent Review Decision

**REVIEWER'S REPORT**

DATE OF REVIEW: 05/28/12

IRO CASE #:

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

Eighty hours of work hardening (97545 and 97546)

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic low back pain

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
722.10	97545		Prosp.						Upheld
722.10	97546		Prosp.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment.
2. Letters of denial 04/18/12 and 05/08/12, including criteria used in the denial.
3. MRI lumbar spine 02/15/12.
4. Physician Advisor Referral Form (not dated).
5. Patient report of work duties 03/26/12.
6. H & P 03/28/12.
7. Physical therapy evaluation 02/20/12
8. Initial comprehensive evaluation 01/10/12.
9. Initial behavioral medicine consultation 03/20/12.
10. FCE 05/01/12.
11. Work hardening program pre-authorization request 04/13/12

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

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The patient is a male who suffered a lumbosacral strain injury while lifting and moving a large machine weighing an estimated 180 pounds. The patient has had radiating pain into the buttocks, right posterior thigh, and right calf area. He has reported pain aggravated by lifting, pulling, pushing, and sitting. He has undergone physical therapy with little improvement. He has been treated with tramadol, prednisone, etodolac, and cyclobenzaprine. He reports symptomatic relief with the use of medications. A Functional Capacity Evaluation has been performed, revealing the patient to be functioning at a medium physical demand level. His usual employment requires very heavy physical demand capabilities. Eighty hours of work hardening have been requested. The request was considered and denied; it was reconsidered and denied.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

Work hardening is usually provided in the range of twenty hours, four hours a day for approximately five days. Periodically it is extended to 40 hours. Eighty hours of physical therapy is a request that exceeds common requests. It does not appear that the examinee is a candidate for such. The prior denial of the request for 80 hours of work hardening was appropriate and should be upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)