

CALIGRA MANAGEMENT, LLC
1201 ELKFORD LANE
JUSTIN, TX 76247
817-726-3015 (phone)
888-501-0299 (fax)

Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE – WC

October 6, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program x80 hours/units

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

Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Office visits (07/25/12 – 09/06/12)
- PPE (07/26/12)
- Utilization reviews (08/29/12 – 09/14/12)

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TDI:

- Utilization reviews (08/29/12 – 09/14/12)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his lower back on xx/xx/xx, while performing his duties. He was lifting from under a counter and he felt a pop on his lower back when he straightened up.

Initial records are not available.

On July 17, 2012, the patient was referred for a functional restoration program.

On July 25, 2012, performed a behavioral medicine consultation at the direction of his treating physician to assess emotional status and determine the relationship to the work accident. noted the patient had x-rays and was scheduled for another on July 26, 2012. He obtained a magnetic resonance imaging (MRI) and a nerve conduction study and was treated with two steroid injections. The first injection provided relief for three weeks but the second one did not. He had surgery on January 19, 2012, and believed it was L4-L5 disc replacement with screws and rods. The patient stated he felt better than he did prior to surgery but did not feel he had recuperated completely and continued to have pain sensations in his low back and legs. Postoperatively, he participated in 35 sessions of physical therapy (PT) from April through July 2010 and reported some gains. He continued to have difficulties with function and pain. On exam, the patient complained of pain located in the low back radiating down to legs and associated with a tingling, numbness and pins and needles sensations in both legs. He described his low back pain as constant, alternating between dull and sharp, throbbing, stabbing, burning, aching and sore. The movements of standing and sitting for prolonged periods, twisting, bending, reaching, lifting, laying down and walking increased his pain. Additional symptoms included headaches and problems with attention and concentration. His symptoms had a negative impact on a wide range of life function including personal, family, social and occupational activities and the pain interfered with recreational, social and familial activities. History was positive for right knee surgery in 2004 for torn meniscus. The patient had difficulty with yard work, driving more than 45 minutes, standing for 30-45 minutes, walking for 30-45 minutes, bending, squatting, lifting and carrying. Before the injury he slept six to seven hours and woke up refreshed; however, after the injury he was sleeping two to three hours and he would wake up with pain and had a very difficult time falling back asleep. Mental status examination showed dysthymic mood. The patient scored 19 on the Beck Depression Inventory (BDI) indicating mild depression and 15 on the Beck Anxiety Inventory (BAI) reflecting mild anxiety. The responses on the Fear Avoidance Beliefs Questionnaire (FABQ) showed non-significant fear avoidance of work with a score of 31 but did show significant fear avoidance of physical activity in general with a score of 24. diagnosed chronic pain disorder associated with psychological factors and a general medical condition. He felt that the patient appeared to have been functioning independently prior to the work injury and recommended participation in a work hardening program (WHP) as he had exhausted conservative treatment yet continued to struggle with pain and functional problems that posed difficulty to the patients' performance of routine demands of living and occupational functioning.

On July 26, 2012, the patient underwent physical performance evaluation (PPE). The evaluator felt the patient was currently unable to safely perform his job demands based on comparative analysis between the required job demands and current evaluation outcomes. He recommended participation in a four to six week WHP designed according to the individual injury to address physical and behavioral deficits and improve tolerance to work-related positions, increase range of motion (ROM), decrease pain, increase strength and educating and helping the individual to hopefully avoid any future injuries.

On July 26, 2012, evaluated the patient for postoperative low back pain. Examination revealed pain on flexion and extension. assessed postoperative lumbar disc disease and recommended WHP.

On August 22, 2012, requested approval for WHP as the patient had exhausted conservative courses of treatment and was unable to return to prior levels of functioning and work. An objective functional capacity evaluation (FCE) and behavioral evaluation confirmed the necessity of this program. The patient required by medical necessity a comprehensive occupational rehab program for successful return to work (RTW) and medical case closure. The patient had an agreed upon vocational goal. The patient had a targeted job to return to. The patient had met all accepted criteria for entrance into the comprehensive program and he met all ODG guidelines for such an intensive rehabilitation program. The patient had a realistic opportunity to benefit from this program and should be admitted immediately.

Per utilization review dated August 29, 2012, the request for WHP was denied with the following rationale: *"Based upon the medical documentation presently available for review, the above-noted reference would not support this specific request to be one of medical necessity. The submitted documentation does not provide specifics to indicate whether postoperative PT services have been exhausted. As a result, in this specific case for the described medical situation, medical necessity for this specific request is not established for the described medical situation based upon the medical documentation presently available for review."*

On September 6, 2012, opined that had not recommended any additional PT, injections or surgery on the August 7, 2012, note. The patient had completed 35 postoperative therapy sessions. The FCE had revealed that the patient was functioning at a medium physical demand level (PDL) and his job required a heavy PDL. The patient reported that he was working for Tolt Holdings as a regional service technician. He was terminated in October 2011 and he mentioned that he could reapply for his old position in the event he was unable to return back to his employer. He needed to have an alternative vocational plan. He would benefit from the program where he will have weekly vocational sessions to come up with an alternative vocational plan. The evaluator applied for a WHP.

Per reconsideration review dated September 14, 2012, the appeal for 80 hours of work hardening was denied with the following rationale: *“The clinical indication and necessity of the procedure could not be established. The mental health evaluation of July 25, 2012, finds impression of pain disorder. However, the utilized psychometric instruments are inadequate to elucidate the pain problem, explicate psychological dysfunction, or inform differential diagnosis in this case; and there is no substantive behavior analysis to provide relevant clinical/diagnostic information (ACOEM 2008, chronic pain, occupational medicine practice guidelines, second edition; page 319-320). Appropriate treatment cannot be based on inadequate evaluation, i.e. mental health science is primarily categorized by diagnosis, and therefore a credible diagnostic formulation is of the greatest importance for evaluation and treatment planning (ODG mental illness and stress). It is unclear if the patient manifests pain behavior at this time and if so, what factors might be maintaining this. offered that he assumed existence of pain behavior based on the patient’s score on the FABQ. There is no foundation for this and no history or direct observation on interview or FCE could be reported in this regard. Ruling out pain behavior is a pivotal issue for a WHP (ODG 2011 Pain Petersen, M. 1995). Non physical factors that affect work hardening success; a retrospective study. Journal of Orthopaedic and Sports Physical Therapy,22(6), 238-246). There is no documentation from the treated physician that other appropriate treatments have been exhausted at this point. The claimant was terminated from his job and no job to return to. It is unclear, therefore why an offered rationale is that he does not meet a PDL for the job. In point of fact, the claimant has worked in a highly cognitive occupation; he has an Associate’s degree in computer networking; but he has not attempted to seek work in his field or otherwise. The patient is reported to be interested in an alternative vocational plan, for reasons not clear in the record, cites the need for WH based on the criteria that vocational consultation should be available if this is indicated as a significant barrier (IODG 2011 pain). Such consultation and counseling may be appropriate, but this does not require a full WHP without a specific occupational goal for which the patient is currently incapable of physically performing. The above issues were not adequately addressed in the appeal letter of September 6, 2012, or in today’s consultation. I am not able to establish a basis that this treatment is both reasonable and necessary at this time. Non-approval is recommended.”*

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

Upon review of available documentation, concern exists regarding the extent of baseline comprehensive conservative based treatment. It has been stated that the injured worker has completed 35 sessions of post surgical PT but information available does not elaborate upon the specifics of functional gains obtained from the last 2-3 weeks of formalized therapy to support a significant plateaued state of functional ability. There also is no report regarding claimant abiding by a daily HEP to maximize baseline conservative treatment and to optimize functional outcome from the formalized therapy sessions. There is discussion of claimants willingness to enter vocational rehabilitation of which based upon his past

education background there is no report that he could not obtain gainful employment at a Medium PDL per FCE. Reports indicate he lost his prior job.

In addition the FCE report dated 7-26-12 indicated under Psychosocial History section that claimant Jogging 3 x per week, soccer 2 x per week, walking 2 x per week. If this is the case, I do not see why he could not engage in an aggressive strengthening/endurance/conditioning HEP on a daily basis to promote improvement in his functional abilities above the tested Medium PDL as well.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

X ACOEM GUIDELINES