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### Notice of Independent Review Decision

**Date notice sent to all parties: 09/04/12**

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

Eighty additional hours of work hardening

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

Licensed by the Texas State Board of Chiropractic Examiners

**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 of the health care services in dispute.

Eighty additional hours of work hardening - Upheld

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

Emergency room report including CT scans of the head and cervical spine

CT scan of the head

Progress note from M.D. dated 08/03/11,

Reports from D.C. dated 08/09/11, 10/18/11, and 04/10/12

MRIs of the brain and cervical spine dated 10/21/11

Reports from M.D. dated 12/07/11 and 02/08/12

An electrodiagnostic report

Reports from dated 03/06/02, 03/20/12, and 06/12/12

Operative report dated 03/13/12

Initial Assessment and Evaluation dated 04/25/12

Functional Capacity Evaluations (FCEs) dated 04/26/12 and 06/20/12

Requests for reconsideration

Work hardening entrance evaluation

Work hardening reevaluation

Notices of utilization review from HDi dated 08/06/12 and 08/10/12

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

**PATIENT CLINICAL HISTORY [SUMMARY]:**The patient presented to the emergency room with a closed head injury. He had a tire blowout, the tire hit the driver in the back of the head. The CT scan of the head revealed no acute intracranial bleed and the CT scan of the cervical spine showed spondylosis with large anterior osteophytes and no acute findings. A CT scan of the head was performed on 06/23/11 and revealed no evidence of acute intracranial process and no evidence of depressed skull fracture. There was mild swelling in the right frontal scalp near the apex that might be related to recent trauma. Dr. examined the patient on 08/09/11. He reported memory loss, depression, and dependence on pain medications for pain relief. He had had headaches and loss of sleep. Cervical flexion was 32 degrees and extension was 18 degrees. An MRI of the head and neck were recommended, as well as continued neurological care. An MRI of the cervical spine on 10/21/11 revealed muscle strain, C4-C5 central posterior disc herniation, C5-C6 right paracentral disc herniation, and degenerative disc disease. The MRI of the brain revealed a skull fracture with evidence of chronic subdural hematoma. Dr. recommended an AXON spf nerve study and Naprosyn and Flexeril were prescribed for the diagnoses of cervicalgia, fracture of the right parietal skull, and small HNP vs protrusions at C4-C5 and C5-C6. The electrodiagnostic study was obtained on 01/16/12 and revealed left ulnar nerve irritation. Dr. performed a cervical epidural steroid injection (ESI) on 03/13/12. On 04/10/12, Dr. recommended psychological treatment in a chronic pain management program. Provider examined the patient felt he met the AMA Criteria for chronic pain and chronic pain syndrome. Ten sessions of a chronic pain management program was recommended. On 06/12/12, the patient informed Dr. that he was 70% improved following the ESI. A second ESI was recommended. The patient underwent FCEs on 04/26/12 and 06/20/12. On 06/20/12, he was functioning in the light physical demand level (PDL) and it was felt he met the ODG criteria for work hardening, according to Dr.. On 07/03/12, Dr. provided a request for reconsideration for the 10 sessions of work hardening. Dr. performed a work hardening evaluation on 07/16/12 and noted the patient was starting the program that day. On 07/30/12, Dr. noted the patient had attended 10 sessions of work hardening and reported improvement. He was currently functioning at the medium PDL and it was noted his job required the heavy PDL and therefore, 10 additional days of work hardening were recommended. Dr. addressed a request for reconsideration for the additional 10 sessions of work hardening. Notice of adverse determination on 08/06/12 for the requested 10 sessions of work hardening. Notice of adverse determination on 08/10/12 for the requested 10 sessions of work hardening.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:** This patient underwent an FCE around 06/20/12, suggesting he could not lift any more than 20 pounds safely on an occasional basis. His actual ability was as high as 32 pounds, but he did not qualify for the next level of work functioning, which is

50 pounds. By 07/30/12, the patient still only qualified for a 30 pound lift at the most, which again does not qualify for the medium duty physical demand capacity tasks. These records appear to suggest that despite his 80 hours of work hardening, the patient was unable to improve at any level. Even though the chiropractor suggested he was able to perform in a medium duty capacity, his actual FCE numbers suggested he could still only perform in the light duty capacity. Additionally, range of motion has remained stable.

The ODG was utilized as criteria for this review, under the Neck Chapter; these guidelines were last updated on 08/22/12. Under Guideline #14, trial: treatment is not supported for longer than one to two weeks without evidence of patient compliance and demonstrated significant gain as documented by subjective and objective improvement in functional abilities. This patient had absolutely no gain in range of motion between 04/10/12 and 07/30/12. Additionally, he was only able to lift up to eight pounds more between 07/16/12 and 07/30/12, which still did not qualify him for the next level of physical demand capacity. At the very most, the patient remained stable over a two week period of time, and, therefore, additional work hardening is not reasonable or medically necessary as suggested by the ODG with regard to criteria for work hardening programs. Therefore, the requested 80 additional hours of work hardening is not reasonable or necessary and the previous adverse determinations should be upheld at this time.

**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)