



Notice of Independent Review Decision - WC

DATE OF REVIEW: 09/07/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening x 80 hours/units

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

Board Certified in Physical Medicine & Rehabilitation

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 or not medical necessity exists for each of the health care services in dispute.

Work Hardening x 80 hours/units – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Evaluation, M.D., 10/24/11
- Evaluation, D.O., 10/25/11, 11/01/11, 11/07/11, 11/15/11, 11/29/11, 01/10/12, 01/30/12, 03/12/12, 04/09/12, 05/07/12, 06/04/12, 07/02/12, 07/16/12, 08/13/12
- DWC Form 73, Dr., 10/25/11, 11/01/11, 11/07/11, 11/15/11, 11/23/11, 01/30/12, 03/12/12, 04/09/12, 05/07/12, 06/04/12, 07/02/12, 07/16/12, 08/13/12
- Physical Performance Evaluation (PPE), Unknown Provider, 10/26/11, 01/27/12, 07/11/12
- Physical Therapy, Unknown Provider, 10/28/11, 11/02/11, 04/18/12, 05/11/12, 05/25/12
- Cervical Spine MRI, Imaging, 11/07/11
- Lumbar Spine MRI, Imaging, 11/07/11

- Electrodiagnostic Results, Testing, Inc., 11/11/11
- Pain Management Consultation, M.D., 11/23/11
- Operative Report, Dr., 12/20/11, 03/20/12, 05/01/12
- Functional Capacity Evaluation (FCE), Unknown Provider, 12/28/11, 06/01/12
- Follow Up, Dr., 02/15/12, 04/16/12
- Prescription, Dr., 03/30/12
- Evaluation, M.D., 04/23/12, 04/30/12
- Radiology Report, Dr., 04/30/12
- Laboratory Results, 06/12/12
- Progress Note, Dr., 06/18/12
- Follow Up Note, Dr., 06/27/12, 07/25/12
- Prescription, Dr., 06/27/12
- Prescription, 07/02/12
- Initial Behavioral Medicine Consultation, 07/05/12
- Report of Patient's Psychological Status, 07/05/12
- Multidisciplinary Work Hardening Plan & Goals of Treatment, 07/05/12
- PPE, Medical Institute, 07/11/12
- Pre-Authorization Request, 07/19/12, 08/09/12
- Denial Letters, 07/24/12, 08/16/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The records available for review indicate that on the date of injury, the patient developed difficulty with symptoms of low back pain and left upper extremity pain when he lifted a sack of sand that weighed approximately 100 pounds.

The patient received a medical evaluation at Medical Center on xx/xx/xx. On that date, he was diagnosed with a cervical strain, a thoracic strain, lumbar strain, trapezius strain, and lumbar radiculopathy. It was recommended that the patient receive access to treatment in the form of physical therapy services.

It would appear that the patient received five sessions of physical therapy from 10/27/11 to 05/25/12.

A lumbar MRI scan was obtained on 11/07/11. This study revealed findings consistent with the presence of lumbar facet effusions at the L3-L4 and L4-L5 levels, indicative of acute facet joint irritation and a lumbar facet syndrome. There was also evidence of a disc bulge at L3-L4 and L4-L5 and L5-S1 disc levels.

An electrodiagnostic study was accomplished on 11/11/11. This study revealed findings consistent with a prolonged sensory latency with stimulation of the bilateral radial nerves and right ulnar nerve indicative of trauma or entrapment of these three nerves at the wrist. This study revealed no findings worrisome for a radiculopathy. The study was accomplished on the upper and lower extremities bilaterally.

The patient received an evaluation with Dr. on 11/23/11. On that date, it was recommended that the patient undergo a lumbar epidural steroid injection (ESI).

A lumbar ESI was conducted on 12/20/11. This procedure was performed by Dr..

Dr. re-evaluated the patient on 02/15/12. It was documented that the recent treatment in the form of a lumbar epidural steroid injection did not decrease pain symptoms. Pain was described as an eight to ten on a scale of one to ten. It was documented that a Designated Doctor Evaluation (DDE) had been accomplished and this physician who performed the DDE recommended that a lumbar facet injections be provided.

On 03/20/12, the patient underwent bilateral L3-L4 and L4-L5 facet median branch blocks.

Dr. evaluated the patient on 04/16/12. It was documented that the procedure performed on 03/20/12 provided a 100% reduction in pain symptoms. As a result, it was recommended that he undergo treatment in the form of a facet median branch rhizotomy.

The patient received an evaluation with Dr. on 04/23/12. On that date, the patient was diagnosed with a "neck disorder" as well as a lumbar strain with radicular symptoms. It was documented that lumbar spine x-rays reviewed by Dr. on 04/30/12 revealed no evidence of instability, and there was maintenance of disc space height.

The patient received a re-evaluation with Dr. on 04/30/12. It was documented that plans were for the patient to receive treatment in the form of "injection treatment."

On 05/01/12 Dr. performed a fluoroscopically guided left L2, L3, and L4 medial branch block rhizotomy.

A Behavioral Medicine Consultation was accomplished at on 07/05/12. It was documented that the patient had been employed with the employer for approximately seven months prior to sustaining an injury in the workplace. Pain was described as a seven to eight on a scale of one to ten.

A Physical Performance Test was accomplished on 07/11/12. This evaluation revealed that the patient was capable of pushing and pulling up to approximately 25 pounds. It was recommended that the patient partake in a work hardening program.

A medical document was available for review from dated 07/19/12. It was documented that the patient's pre-injury job activity level was of a heavy duty nature. The patient was felt to be at a level of light duty work capabilities per a Functional Capacity Evaluation (FCE) accomplished on 07/11/12.

The patient was evaluated by Dr. on 07/25/12. On that date, the patient was provided a prescription for Naprosyn, Percocet, Tramadol, and Soma. It was documented that a surgical consultation was to be accomplished.

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

Based on the medical documentation presently available for review, the Official Disability Guidelines would not support a medical necessity for treatment in the form of a work hardening program. It would appear that there has not been an adequate attempt at treatment in the form of physical therapy since the date of injury to support a medical necessity for treatment of a work hardening program. Additionally, the records available for review indicate that surgical consultation was to be accomplished with respect to the documented pain symptoms, and there is no documentation to indicate that a surgical consultation has been accomplished. The records available for review do not provide documentation that there was a job for the patient to return to. Specifics are not provided with respect to defined return to work goals. Official Disability Guidelines indicate that the ideal situation is that there is a plan agreed upon by the employer and the employee with respect to return to work issues. The records available for review do not appear to indicate that there is a job for which the patient can return to. Consequently, for reasons as described above, the above-noted reference does not presently support a medical necessity for treatment in the form of a work hardening program in this specific case.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**