



Notice of Independent Review Decision - WC

DATE OF REVIEW: 11/11/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 Hours Work Hardening/Conditioning; Initial 2 Hours

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

Board Certified in Physical Medicine and 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:

80 Hours Work Hardening/Conditioning; Initial 2 Hours - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Health and Behavioral Reassessment, 04/08/13
- Follow-Up, 08/08/13,
- Assessment/Evaluation, 08/12/13
- DDE, 08/16/13
- DWC Form-73, 09/09/13
- FCE, 09/09/13
- Work Hardening Program Pre-Auth Request, 09/19/13, 10/03/13
- Correspondence, 09/23/13, 10/07/13, 10/17/13
- Job Description 08/28/13

PATIENT CLINICAL HISTORY [SUMMARY]:

It is documented on the date of injury that the claimant developed difficulty with symptoms of low back pain.

A health and behavioral assessment dated 04/08/13 indicated that the claimant was with symptoms of low back pain. It was documented that the claimant utilized Lyrica to assist with management of pain symptoms. It was recommended that the claimant receive access to treatment in the form of individual psychotherapy.

A medical document dated 08/12/13 indicated that the claimant was a participant in restricted work activities. It was recommended that the claimant be considered for treatment in the form of a work hardening program.

A Designated Doctor Evaluation was conducted on 08/16/13. This evaluation was performed. The records from the Designated Doctor Evaluation were notable for the fact that it was documented that the claimant underwent a lumbar MRI scan on 04/12/12. This study reportedly revealed findings consistent with the presents of a left-sided posterior disc protrusion at the L5-S1 level, which did contact the left S1 nerve root. It was documented that an electrodiagnostic assessment accomplished on 04/18/12 revealed no findings worrisome for an active lumbar radiculopathy. It was documented that on 11/12/12 a lumbar CT scan/myelogram was accomplished. The study revealed findings consistent with neural foraminal narrowing at the left L4-L5 level. There were no findings worrisome for an epidural lesion. It was documented that a Functional Capacity Evaluation was accomplished on 08/16/13 and the study revealed that the claimant was capable of work activities without restrictions. On the date of the Designated Doctor Evaluation, the claimant was placed at a level of maximum medical improvement. The claimant was awarded a total body impairment of 0%.

A Functional Capacity Evaluation was conducted on 09/09/13. This evaluation, per a medical document dated 09/19/13, indicated that the claimant was capable of medium duty work activities, and it was documented that the claimant's pre-injury occupation was of a sedentary level.

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

The date of injury is approximately xx years in age. Since the date of injury, diagnostic studies have been accomplished in the form of a lumbar MRI scan, a lumbar CT scan/myelogram, as well as an electrodiagnostic assessment. The results of these diagnostic studies are described in the body of the report. A Designated Doctor Evaluation, as documented above, indicated that a Functional Capacity Evaluation accomplished on 08/16/13 revealed that the claimant was capable of pre-injury work activities and it was felt that there was no indication for any type of work restrictions for the described medical situation. With such documentation, medical necessity for a work

hardening program or a work conditioning program is not established, as there is documentation to indicate that the claimant is capable of pre-injury work activity. As a result, in this particular case, per criteria set forth by Official Disability Guidelines, medical necessity for treatment in the form of a work conditioning program or a work hardening program is not presently established.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**