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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Apr/19/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 hours of work hardening

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
PM&R and Pain Medicine

REVIEW OUTCOME:

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

[X] 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male whose date of injury is xx/xx/xx. On this date the patient was moving hoses and tossed them to the side when he felt a twitch in the lower back and began experiencing severe pain in the lumbar spine that radiated into his right hip region. Initial functional capacity evaluation dated 09/25/12 indicates that current PDL is light and required PDL is heavy. The patient subsequently completed a course of 12 physical therapy visits. Note dated 12/04/12 indicates that they have been unable to resolve the symptoms the patient continues experiencing in his lumbar spine and pain radiating into the right hip region as well as the left lower extremity. Functional capacity evaluation dated 02/13/13 indicates that the patient's current PDL is medium. Psychological evaluation dated 03/13/13 indicates that current medication is Tramadol. BDI is 34 and BAI is 32.

Initial request was non-certified on 03/19/13 noting that there is no evidence of improvement with PT. No verified physical demands analysis is found. The psychological evaluation consists of an interview and 2 questionnaires. There is no evidence that a specific defined return to work goal or job plan has been established, communicated and documented. Request for reconsideration dated 03/19/13 indicates that there was improvement seen and then there was a plateau. They relied on the patient's own account to indicate his job's physical demands and these are indicated in the functional capacity evaluation. The patient's employer has given no information with regards to physical demand information or any agreement that would allow this patient to return to work. The denial was upheld on appeal dated 03/26/13 noting that the guidelines state that work hardening programs deal with mild to moderate psychological overlay. The patient is noted to have severe depression and

anxiety. The guidelines suggest that other treatment options may be more appropriate for these patients. The records do not clearly establish that this case meets the criterion regarding completion of physical therapy with improvement followed by plateau. Note dated 12/04/12 indicates that it was deemed unlikely that the patient would respond to additional physical therapy. This note would suggest that there was not significant improvement followed by a plateau. The note suggests that physical therapy did not provide significant lasting improvement whatsoever. The records do not conclusively establish that surgery and other treatments have been ruled out as options.

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

The patient sustained injuries on xx/xx/xx and underwent 12 sessions of physical therapy. The submitted psychological evaluation is not a comprehensive assessment and provides only Beck scales. There is no working diagnosis provided, and no psychometric testing with validity measures was performed. The patient presents with severe depression and anxiety, per Beck scales. The Official Disability Guidelines note that work hardening programs are appropriate for patients with mild to moderate psychological overlay. The patient is not currently taking any psychotropic or opioid medications. There is no specific, defined return to work goal provided, and it is not clearly established that the patient has a job to return to at this time. The accuracy of the functional capacity evaluation is questionable given that no physical demands analysis was provided, and the functional capacity evaluation information is based on the patient's own report of his job duties. As such, it is the opinion of the reviewer that the request for 80 hours of work hardening is not recommended as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES