



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

April 9, 2013

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 4/8/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening Program x80 hrs/units.

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

Texas State Licensed MD Board Certified Preventative Medicine and Occupational Medicine.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 3/21/2013
2. Notice of assignment to URA 3/19/2013
3. Confirmation of Receipt of a Request for a Review by an IRO 3/21/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 3/20/2013
6. Patient face sheet not dated, letter to patient from insurance plan 3/18/2013, review summary 3/18/2013, work hardening program pre-authorization request 2/26/2013, letter to patient from insurance plan 2/26/2013, review summary 2/26/2013, patient report of work duties 2/12/2013, employee job description/employer contact form 2/18/2013, patient report of work duties 2/12/2013, physical performance evaluation 2/12/2013, job description not dated, medical documents 2/12/2013 (4 pages), health and behavioral reassessment 2/12/2013, Oswestry low back pain disability questionnaire, pain questionnaire (3 pages) history and physical of patient 2/12/2013, history and physical from advanced spine solutions 7/27/2012, initial comprehensive



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evaluation from Lake June Medical 5/18/2012, follow-up notes from anesthesia facility 11/3/2011, medical documents from pain center 10/18/2011, initial pain evaluation from anesthesia 10/3/2011, medical notes from imaging facility 8/12/2011, multidisciplinary work hardening plan and goals of treatment 6/22/2011.

PATIENT CLINICAL HISTORY:

The individual is a male who is employed by a xx company and suffered injury while pulling an 8 foot section of fence from a trailer while working on xx/xx/xx. He was diagnosed and treated with a lumbar strain. He subsequently received treatment including 7 sessions of physical therapy, an MRI which demonstrated evidence of disk protrusion, and 1 epidural steroid injection without improvement, which was interpreted to mean that the pain generator had not been identified. He complained of continued back pain and stiffness and reported radiation of the pain to his legs with falling. He was diagnosed based on an EMG with L4-L5 radiculopathy. He subsequently had a physical performance evaluation on 02/12/2013, and was felt to meet only the sedentary work capability level. The treating physician has recommended what is called a Work Hardening Program, a multi-disciplinary rehabilitation program.

The injured worker had an evaluation by a surgeon and was offered an L4-L5 anterior posterior fusion and an L4-L5 laminectomy. The patient was apparently scheduled in preop for surgery when it was realized that he had an active dental problem which might potentially complicate his vertebral surgery and fusion. The surgery was canceled. The patient, based on that, determined that he would forego any consideration of surgery. The patient's work duties with his previous job involved pushing and pulling up to 80 pounds and intermittently transferring up to 100 pounds. He is employed as a xx. His activity requires reaching overhead, walking, kneeling, squatting, and bending. The patient had an evaluation by the multi-discipline program including psychological evaluation, which demonstrated evidence of severe depression based on an elevated Beck Depression Inventory, and severe anxiety based on an elevated Beck Anxiety Inventory, an elevated fear of avoidance of work and activity.

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

Review of the ODG guidelines from the low back chapter indicates that the individual has completed an adequate trial of active physical therapy. He apparently completed only 7 sessions; although, for his condition 10 to 12 visits over 8 weeks are permitted. There is no indication of the type of therapy that he received in the 7 sessions, and the degree of improvement in his clinical course. The review from the ACOEM guidelines of multi-disciplinary rehabilitation for low back problems, indicate very variable responses to this type of treatment for this condition.

Additionally, there is no indication regarding the type of work activity for which the individual rehabilitation program would be developed. It is also apparent that the patient is approaching 2



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years since his injury, further raising into question a likelihood of improvement. There is no evidence from review of the records that the patient has had any intense efforts by way of counseling and therapy to deal with his severe depression and anxiety and fear of avoidance of activity and work, which would allow completion of a full course of physical therapy. The likelihood of improvement, in this case at this point in his course, is sufficiently unlikely as to make the expenditure reasonable and appropriate. This opinion is a result of the records provided, which have definite limitations regarding the types of physical therapy received and the progress with the physical therapy obtained. It is based on the review of the American College of Occupational and Environmental Medicine practice guidelines 3rd edition, as well as the ODG guidelines relative to treatment for lumbar back problems with physical therapy, as well as Work Hardening.

Based on the clinical information submitted for this review, and using the evidence base peer reviewed guidelines from the official disability guidelines and treatment guidelines, this request for a Work Hardening Program as described for 80 hours for the lumbar spine should not be certified.

The denial of the services is upheld.

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)



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- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**