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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/11/2013

IRO CASE #:

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

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M. D Board Certified Anesthesiologist and Pain Management

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 health care service in dispute. It is this reviewer's opinion that medical necessity is not established for the requested 80 hours of work hardening program

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Impairment rating report dated 09/13/12
Designated doctor's evaluation dated 02/15/12
Peer review dated 02/16/12
Laboratory studies dated 04/04/12
EKG strip dated 04/04/12
Radiographs of the chest dated 04/04/12
Functional capacity evaluation dated 08/11/11
Physical therapy report dated 05/05/11 – 06/27/12
Physical therapy re-evaluation report dated 10/04/11
MRI lumbar spine dated 05/03/11
Electrodiagnostic studies dated 06/01/11
Clinical note by Dr. dated 06/03/11
Procedure note dated 07/21/11
Report from Rehabilitation dated 08/01/11
Clinical note by Dr. dated 08/02/11
Procedure note dated 09/21/11
Clinical note by Dr. dated 11/11/11
MRI lumbar spine dated 11/23/11
Clinical note by Dr. dated 01/16/12
Operative report dated 04/11/12
Postoperative follow-up reports by Dr. dated 04/27/12 – 06/04/12
Physical performance evaluation dated 06/22/12
Clinical note by Dr. dated 07/13/12
MRI lumbar spine dated 01/17/13

Clinical note by Dr. dated 02/01/13
Work hardening clinical interview and assessment dated 02/13/13
History and physical report dated 02/13/13
Work hardening plan and goals report dated 02/13/13
Physical performance evaluation dated 02/28/13
Pre-authorization requests dated 03/06/13 and 03/13/13
Prior reviews dated 03/12/13 and 03/20/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who initially sustained an injury on xx/xx/xx. The patient underwent a bilateral L4-5 hemilaminotomy and foraminotomy on 04/11/12. Postoperatively, the patient did complete 2 separate programs of physical therapy through 06/12. A physical performance evaluation completed on 06/22/12 indicated that the patient required a heavy physical demand level. From the evaluation, the patient was found to be unable to perform his normal job requirements. The patient continued to report residual back pain radiating to the lower extremities. No further surgical intervention was recommended by Dr. and the patient was released to light work duty. The patient was interviewed for a work hardening program on 02/13/13. Medications at this visit included the use of Ambien, Flexeril, and Tramadol. The patient indicated that he had difficulty sleeping secondary to pain. BDI score was 17 and BAI score was 19 indicating mild depression and moderate anxiety. The patient's FABQ scores for work were 36; however, the patient had no fear avoidance with physical activity in general. No significant psychological contraindications for a work hardening program were noted. The patient's physical examination findings on 02/13/13 identified limited range of motion in the lumbar spine with decreased strength and sensation in the lower extremities. No range of motion measurements or specifics were provided on the exam. The patient was recommended for a work hardening program to reduce pain, anxiety symptoms, depression symptoms, and sleep disturbance symptoms. The patient planned on returning to his previous physical demand level. A physical performance evaluation completed on 02/28/13 again identified a heavy physical demand level. Based on the testing, the patient was found to be unable to perform his normal work activities.

The request for 80 hours of a work hardening program was denied by utilization review on 03/12/13. The denial rationale indicated that prior physical therapy records were not provided for review demonstrating that the patient reached a plateau.

The request was again denied by utilization review on 03/20/13 as the patient has undergone extensive physical therapy to date and is still at a light physical demand level associated with both psychological factors and a general medical condition. It was opined that the patient was unlikely to significantly benefit from a work hardening program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient reports ongoing low back pain radiating to the lower extremities following a lumbar decompression procedure completed in 04/12. The patient has undergone 2 separate programs of physical therapy which did not result in any significant functional improvement. From the patient's provided functional capacity evaluation, the patient requires a heavy physical demand level to return to work. Based on review of the functional capacity evaluations, the patient is currently at a sedentary to light physical demand level. Given the disparity in the physical demand levels and as the patient has had absolutely no response to physical therapy to date, it is highly unlikely that a work hardening program will allow the patient to return to complete function at a heavy physical demand level. The clinical documentation does not provide any return-to-work agreements between the patient and employer. There is also a significant psychological component to the patient's current pain which will not be addressed with a work hardening program. Overall, the clinical documentation provided for review does not meet guideline recommendations regarding work hardening. As such, it is this reviewer's opinion that medical necessity is not established for the requested 80 hours of work hardening

program and the prior denials are upheld.

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

ACOEM-AMERICA 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)