



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

February 19, 2013

**DATE OF REVIEW:** 2/18/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Functional restoration program for 80 hours

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management Physician

**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 1/31/2013
2. Notice of assignment to URA 1/30/2013
3. Confirmation of Receipt of a Request for a Review by an IRO 1/31/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 1/30/2013
6. Letter to patient from insurance plan 1/29/2013, patient face sheet 1/19/2013, appeal from function restoration services 1/16/2013, chronic pain programs, functional restoration programs, letter to patient from insurance plan 1/15/2013, review summary – medical documents, medical transcription 12/19/2012, report of medical evaluation 11/6/2012, letter from CARF international 6/30/2011, medical document from diagnostic facility 7/5/2010, medical documents from radiology 6/7/2010.

**PATIENT CLINICAL HISTORY:**

The patient is a male who was injured on xx/xx/xx while lifting approximately 100 pounds. He subsequently fell onto his low back and over the next 5 days developed severe back pain with



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radiating pain down both lower extremities and numbness into his right lower extremity. He underwent a course of treatments that were conservative in nature including analgesic management, physical therapy which he performed from 8 sessions from 06/10/2011 to 06/14/2011 and work conditioning x10 sessions. The documents however, did not reveal why he did not complete the sessions and how many the patient actually completed. He underwent 10 work hardening sessions from 08/22/2011 to 08/29/2011. An FCE revealed a sedentary PDL on an occasional basis and his job currently requires a heavy PDL with max lifting of up to 100 pounds.

In regard to imaging studies, the MRI on 07/06/2010 revealed partial lumbarization of S1 with rudimentary intervertebral disk at S1-2, degenerative changes with preservation at disk height 2 mm retrolisthesis at L3-L4, 3 mm retrolisthesis at L5-S1, multi-level mild posterior disk herniation and an annular tear at L5-S1, mild impingement upon the left exiting L5 nerve root at L5-S1. The last office on 12/19/2012, the patient saw the physician and was instructed not to lift over 20 pounds and under his job description he would need to lift up to a maximum of 100 pounds. The patient is going to continue use of Celebrex and tramadol and Lyrica for pain release. It was deemed that he was unlikely a surgical candidate given the diffuse nature of this pathology with multi-level disk disease. The patient was also told that surgery would not be an option for T-spine incisions. It also states that he would be capable of working as long as heaving lifting is not required.

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

Per the ODG guidelines, it is recommended for selected patients with low back pain and chronic disabling back pain, functional restoration programs, a type of treatment included in the category and traditionally pain programs are occasionally utilized. The patient has been disabled for more than 24 months and there is conflicting evidence regarding the benefit from participation in the program and the patient's ability to return to work beyond this. Reviewing previous offices and notes, it appears that he is in a sedentary level per his FCE, and it is not recommended to lift over 20 pounds, and as a xxx and per his job description, he would have to be at PDL heavy. After not achieving these goals and a work hardening program, it is unlikely he will gain active re-entry into a similar field of employment given the high level of physical demand, especially after 10 sessions. Work hardening problems and functional restoration programs are similar in nature and per ODG it is not recommended to engage in 2 similar programs. Per the appeal, there is suggestion that the patient did not complete his work hardening program, however, there is no discussion as to why or to how many sessions he did complete. The necessity of the request is not established.

The denial of the services is upheld.



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