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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: May 3, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program x 80 hours (CPT 97545/97546).

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

M.D., Board Certified in Physical Medicine and Rehabilitation and Pain 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)

I have determined that the requested work hardening program x 80 hours (CPT 97545/97546) is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 4/10/13.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/12/13.
3. Notice of Assignment of Independent Review Organization dated 4/15/13.
4. Denial documentation dated 3/26/13 and 4/9/13.
5. Pre-certification Request dated 3/21/13 and 4/3/13.
6. Functional Capacity Evaluation dated 3/18/13.
7. Assessment for Work Hardening Program dated 3/18/13.

8. Patient Report of Work Duties dated 3/18/13.
9. Clinic notes dated 2/25/13 and 3/2/13.
10. Clinic notes dated 3/20/13.
11. Job Description: Construction Materials Technician.
12. Multidisciplinary Work Hardening Plan & Goals of Treatment dated 3/18/13.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work related injury to his lower back on xx/xx/xx. The records indicate the patient sustained a work-related injury while driving his company pickup, a deer ran out in front of him and he swerved, rolling the truck over and injuring his back. On 2/25/13 an evaluation indicated the patient's pain level was an 8 out of 10 and his medications included Medrol, Naprosyn, Norco and Soma with the patient having completed 5 out of 12 physical therapy sessions. In addition, the patient reported difficulty with activities of daily living and difficulty sleeping at night secondary to his pain. The patient's Back Depression Inventory-II score was 32, Back Anxiety Inventory score was 22 and his Fear Avoidance Beliefs Questionnaire was 21. The provider recommended further treatment. On 3/18/13, the patient was assessed for a work hardening program. The record indicates that the patient had a normal affect, and did not display cognitive distortion at that time and his memory was intact for both recent and remote events. The patient was assessed with a pain disorder associated with psychological factors and a general medical condition as well as an injury to his low back. The recommendation was for an initial 10 day trial in a work hardening program. On 3/18/13, plans and goals for treatment for a multidisciplinary work hardening program were submitted. The patient underwent a Functional Capacity Evaluation and his job requirements included a very heavy physical demand level (PDL). The patient's reported work duties indicated that he pushed a full wheelbarrow of concrete weighing approximately 100 pounds and carried a nuclear density gauge and equipment of approximately 75 pounds as well as filling and loading 5 gallon buckets with soil or rock. The patient's test results indicated that he was at a medium PDL. The patient was again recommended for a work hardening program.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the URA's initial denial stated that the documentation provided did not indicate all lesser levels of care including consideration of a therapeutic injection had been considered. Also, the URA states there was no indication that there was an occupation for the patient to return to and as a result the request was non-certified. On 4/9/13, the URA reported that the request was again non-certified. According to the URA, the injury was approximately 14 weeks prior to this determination, and the patient had received 12 sessions of physical therapy during that time.

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

In this patient's case, the Official Disability Guidelines (ODG) do not support the requested work hardening program. The Functional Capacity Evaluation dated 3/18/13 stated that the patient was able to lift and carry 40 pounds and he was rated at a medium physical demand level. The records indicate that he had undergone 5 of 12 physical therapy visits prior to the request for

work hardening. Therefore, there is a lack of documentation of a failure of lesser programs. According to ODG, a work hardening program is appropriate if “There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment.” The medical records provided also fail to indicate a bona fide job offer. The records do not indicate a specific need for work hardening. Given the current lack of employment and/or return to work plan and lack of documented failure of lesser programs, the medical necessity for a work-specific multidiscipline program is not established. As such, the requested work hardening program is not considered medically necessary.

In conclusion, I have determined the requested work hardening program x 80 hours (CPT 97545/97546) is not medically necessary for treatment of the patient’s medical condition.

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 JUDGMENT, 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)