



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

Date: April 25, 2013

DATE OF REVIEW: 4/22/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Eighty hours of work hardening program between 03/20/2013 and 05/20/2013.

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine Surgeon

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 4/9/2013,
2. Notice of assignment to URA 4/4/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 4/9/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 4/5/2013
6. Letter regarding patient from treating physician 4/3/2013, Spanish translation form 4/3/2013, beck depression inventory (2pages) not dated, letter to patient from ESIS 3/26/2013, review letter regarding patient 3/25/2013, letter to patient from ESIS 3/20/2013, review letter regarding patient 3/20/2013, Request for reconsideration 3/20/2013, Preauthorization request 3/15/2013, functional capacity evaluation 2/13/2013, initial interview report 1/13/2013, letter regarding patient from treating physician, 11/15/2012, initial evaluation from orthopedic facility 11/13/2012, work status report 11/13/2012, patient progress records 11/12/2012, 11/8/2012, 11/6/2012, 10/30/2012, letter from treating physician to another physician 10/30/2012, patient progress records 10/25/2013, 10/23/2012, letter from treating physician 10/18/2012, patient progress records 10/16/2012, 10/4/2012, 9/27/2012, initial functional capacity evaluation



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9/20/2012, letter from treating physician 9/18/2012, initial narrative report 9/13/2012, medical notes from radiology center 9/12/2012, letter regarding patient from treating physician 1/3/2012.

PATIENT CLINICAL HISTORY:

The patient has been well documented to be an individual who is xx of age. He was noted to have been injured while working. The patient has been most recently noted to have had persistent low back pain with radiation into the lower extremity/extremities. The patient has been noted to have typically been engaged in occupational activities as a male painter/sandblaster. Reportedly he was injured while working attributable to bending and twisting and overall overexertion. He had been diagnosed as having had a sprain strain of the back. The patient has been treated with extensive therapy injections and also the utilization of medications, such as tramadol and a TENS Unit. The patient reports symptomatic depression along with insomnia, decreased energy, frustration, inability to obtain pleasure, boredom, and tension, difficulty adjusting to injury and restlessness.

The Beck Depression Inventory scores were reviewed. The functional capacity 02/13/2013 revealed that the patient was functioning at a light physical demand level for the job requirements of a heavy physical demand level without issues related to consistency of effort. The exam findings have been noted to reveal that there was limited motion of the lumbar spine in the 5 feet 7.5 half nearly 200 pound patient. The patient was noted to have findings in the FCE as documented. The records, dated 01/22/2013, were also reviewed documenting decreased sensation bilaterally over the dorsum of the feet compatible with an L5 distribution and decreased sensation over the lateral aspect of the feet correlating with an S1 distribution. The findings were felt to be overall otherwise "inconsistent" with findings documented by the chiropractic physician. The additional findings included a lumbar spine MRI dated 09/12/2012, documenting narrow disk spaces at multiple levels, along with a central right-sided paracentral annular tear at L4-L5 and a central focal disk protrusion with minimal impression upon the thecal spinal sac. At L5-S1, a small posterior central radial annular tear was noted. The additional records revealed that the patient has a consideration for a treatment plan with regard to "individual therapy sessions...therapeutic support to assist him in changing negative thinking patterns, understanding future treatment needs and outcomes...treatment goals have been set... "

Additional records including an initial evaluation, dated 11/13/2011, was reviewed indicating that the patient "does not require any operative intervention..." The possibility of lighter work or retraining was also opined by that provider, and he was to be seen on a p.r.n. basis. Records from the chiropractor again were reviewed most recently from the fall of 2012, in addition to the more recent letter of reconsideration that was dated 03/20/2013.



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

At this time, the patient clearly has subjective and objective findings that supported indication for, in conjunction with the mental health evaluation, a work hardening program. There are both physical and mental health associated issues that appear to meet applicable ODG Guideline criteria for 80 hours of work hardening. The patient does have, when evaluating the aggregate of documentation, criteria that does meet the ODG criteria for work hardening at this time, specifically for 80 hours over a period of 1 to 2 months, and, at this point, the ODG Guidelines with regard to work hardening have been met.

The denial of these services is overturned.

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)