

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** May/13/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** work hardening program x 80 hours/units

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O. Board Certified 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for work hardening x 80 hours/units is not recommended as medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 04/01/13, 04/18/13  
Work hardening program preauthorization request dated 03/27/13  
Patient report of work duties dated 03/13/13  
Employee job description/employer contact form dated 03/20/13  
PPE dated 03/13/13  
History and physical dated 03/13/13  
Work hardening plan and goals of treatment dated 03/15/13  
Initial behavioral medicine consultation dated 03/15/13  
Reconsideration dated 04/11/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. On this date he was carrying a cart and tripped over a pallet twisting to the right and injuring his low back. Per history and physical dated 03/13/13, he has completed physical therapy and extensive conservative care, yet he is still having the same symptoms. Medications are listed as Flexeril, ibuprofen and Prilosec. PPE dated 03/13/13 indicates that required PDL is heavy (60 lbs) and current PDL is heavy (40 lbs). Initial behavioral medicine consultation dated 03/15/13 indicates that he has received 3 steroidal injections which he reports were helpful. BDI is 23 and BAI is 9. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic.

Initial request for work hardening x 80 hours was non-certified on 04/01/13 noting that a recent functional capacity evaluation revealed that the claimant was capable of pre injury work activities. Reconsideration dated 04/11/13 indicates that the patient worked for a couple

of months after his injury with restrictions and was subsequently terminated on 06/11/12. He does not have a vocational plan. The denial was upheld on appeal dated 04/18/13 noting that there is no job-ability mismatch. The patient does not have a job and was terminated on 06/11/12 and no documented effort to obtain gainful employment since then. Per the functional capacity evaluation performed on 03/13/13, he is at a heavy PDL. So he could reasonably return to work at a heavy PDL job or lower. A work hardening program strictly for 'vocational counseling' is not supported by guidelines. The role of a work hardening program is not vocational counseling. There is nothing medical that precludes this patient from returning to a heavy PDL job. There are no medical reasons for a work hardening program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries on xx/xx/xx. Per PPE dated 03/13/13, the patient's current physical demand level is heavy. The reconsideration report dated 04/11/13 states that the patient was terminated in June 2012, and the patient "does not have a vocational plan". Therefore, there is no specific, defined return to work goal, as required by the Official Disability Guidelines. There is no job-ability mismatch at this time. There is no indication that the patient has attempted to return to work in any capacity despite his ability to perform at a heavy PDL. As such, it is the opinion of the reviewer that the request for work hardening x 80 hours/units is not recommended as medically necessary.

**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)