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Notice of Independent Review Decision

Date notice sent to all parties: 10/03/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of a work hardening program

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

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 of the health care services in dispute.

Eighty hours of a work hardening program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Employer's First Report of Injury or Illness
Lumbar MRI dated 01/17/12
Reports dated 01/25/12 and 02/02/12
DWC-69 forms dated 01/25/12 and 07/24/12

DWC-73 forms dated 01/26/12, 02/02/12, and 03/21/12
Review Determinations dated 02/07/12, 03/28/12, 03/30/12, 06/11/12, 08/03/12, and 09/27/12
Reports dated 03/05/12, 03/19/12, and 04/10/12
Referral Forms dated 03/21/12 and 03/22/12
Referral dated 03/23/12
Letter to Whom It May Concern dated 03/28/12
Report dated 05/08/12
DWC-32 form dated 05/23/12
Designated Doctor Evaluation (DDE) letter from Group dated 06/11/12
DDE report dated 07/24/12
Reports dated 07/27/12, 09/26/12, 11/21/12, 01/16/13, 05/08/13, and 07/03/13
Preauthorization requests dated 10/09/12 and 07/23/13
Referral dated 06/10/13
Initial Clinical Interview and Assessment dated 06/24/13
Patient report of work duties dated 06/24/13
Multidisciplinary Work Hardening Plan and Goals of Treatment dated 06/24/13
Report dated 06/24/13
Functional Capacity Evaluation (FCE) dated 07/01/13
Work hardening preauthorization requests dated 07/15/13 and 08/26/13
Request for active therapy dated 08/20/13
Review Determinations dated 08/22/13, 09/04/13, and 09/18/13
Reconsideration request from Injury1 dated 09/12/13
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

The Employer's First Report of Injury or Illness stated the patient was on xx/xx/xx and felt pain in her low back. A lumbar MRI dated 01/17/12 revealed multilevel degenerative changes without spinal canal stenosis or exiting nerve root compression. At L3-L4, there was a shallow right paracentral disc protrusion that resulted in mild right lateral recess effacement and contacted the transversing right L4 nerve root. There were previous decompressive laminectomies and posterolateral osseous fusion at L5-S1 without canal stenosis or foraminal narrowing. examined the patient on 01/25/12. She had paresthesias to the right leg and foot, as well as low back pain. She had right back and SI joint pain. She had right paralumbar tenderness with 30 degrees of flexion and extension to 5 degrees. DTRs were 2+/4 in the patella and the right Achilles' was absent. Left was normal at 2+/4. Straight leg raising was positive on the right and some crossover created pain on the left, as well. The assessment was lumbar radiculopathy and displacement of lumbar intervertebral disc without myelopathy. She was placed at MMI on 01/25/12 with no impairment. On 02/02/12, her symptoms were worsening and she was not working because her provider had taken her off of work. Here it was noted she had previous back surgery. Forward flexion was 30-45 degrees and straight leg raising was positive. She had right sided paraspinal pain from L3-S1 to the buttocks and radiating pain to the right

leg. The MRI was reviewed. She was referred to a neurosurgeon and Norco and Flexeril were prescribed. She was taken off of work. an orthopedic surgeon, examined the patient on 05/08/12. She was a smoker and had a previous back surgery in 1991. Bilateral lower extremity examination revealed decreased sensation at L4 bilaterally. Strength was 5/5 bilaterally, except for the EHL at 4/5. Reflexes were 2+ bilaterally. The MRI was reviewed. The assessment was herniated nucleus pulposus at L3-L4 and L4-L5. Epidural steroid injections (ESIs) were recommended. performed a DDE on 07/24/12. Lumbar flexion was 20 degrees, extension was 5 degrees, and straight leg raising was 10 degrees bilaterally. DTRs and muscle testing was normal in the upper extremities. DTRs were 2 in the bilateral patellar and Achilles'. Strength was 4/5 bilaterally in the hip flexors, leg extensors, hip extensors, and leg flexors. Ankle dorsiflexion and plantarflexion were 5/5. She could heel and toe walk with difficulty. She stated the numbness around her bilateral knee area was a new symptoms. placed the patient at MMI on 02/28/12 and assigned her a 5% whole person impairment rating. examined the patient on 07/27/12. Her current medications were Cyclobenzaprine, Meloxicam, and Norco. Lumbar flexion was 60 degrees, extension was 20 degrees and lateral flexion was 10 degrees bilaterally, all with pain. Sensation was normal and straight leg raising was positive bilaterally. The patellar and Achilles' reflexes were 1+/4 on the right and normal on the left. Strength was 5/5 on the left and the quadriceps, hamstrings, and EHL were 4/5 on the right. The MRI was reviewed. A caudal ESI was recommended and Neurontin and Norco were prescribed. On 01/16/13, noted the patient wanted to proceed with the ESI for her axial and radicular pain that "is likely secondary to scar tissue for FBBS that is not visualized with MRI". Neurontin and Norco were refilled. The ESI was again recommended. On 05/08/13, again noted the patient wanted to proceed with the ESI and her medications were refilled. Ms. examined the patient on 06/24/13 and recommended a work hardening program. examined the patient on 06/24/13. She had injections, but additional ones were being denied. Strength was noted to be 3-4/5 on the right and right sided straight leg raising was positive. An ESI was recommended and he noted if the ESI was denied, they would proceed with work hardening. Hydrocodone and Gabapentin were prescribed. An FCE dated 07/01/13 indicated the patient could not return to her pre-injury work and a four to six week work hardening program was recommended. On 07/03/13, again recommended an ESI for axial and radicular pain "that is likely secondary to scar tissue for FBSS that is not visualized with MRI". Examination was essentially unchanged. Neurontin and Norco were refilled. The ESI was again recommended. On 07/15/13, a preauthorization request was made for work hardening. It was noted she was functioning in the sedentary PDL and her previous employment required the medium PDL. A preauthorization request was made on 07/23/13 for a caudal ESI. On 08/22/13, provided a non-authorization for the requested 12 sessions of active therapy. On 09/04/13, provided a non-authorization for the requested 80 hours of a work hardening program. On 09/12/13, a reconsideration request was made for the requested 80 hours of a work hardening program. On 09/18/13, also on behalf of Management, provided a non-authorization for the requested 80 hours of a work hardening program.

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

The ODG uses some very specific criteria to determine whether a patient is a candidate for a work hardening program. In this instance, with the patient having significant emotional problems, it is likely not appropriate to place her in a work hardening program. Her psychological problems and issues are over mild to moderate in severity, which exceeds the ODG recommendations for a work hardening program. Her BDI testing revealed significant depression and BAI testing revealed severe anxiety on 06/24/13. She has been off work for over a year and she is not performing a home exercise program. It appears the claimant could benefit from further physical therapy prior to entrance into a work hardening program. Furthermore, it appears that an ESI has been recommended. A work hardening program would not be appropriate if she is to undergo an ESI, as she would require post injection rehabilitation to include physical therapy and physician follow-up. Therefore, the requested 80 hours of work hardening is not medically necessary or appropriate because it is not in accordance with the ODG and the previous adverse determinations should be upheld at this time.

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)