

MAXIMUS Federal Services, Inc.
4000 IH 35 South, (8th Floor) 850Q
Austin, TX 78704
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

Notice of Independent Review Decision

DATE OF REVIEW: December 5, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program x 80 hours.

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.

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 is not medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reportedly sustained injuries to her mid and lower back on xx/xx/xx. The mechanism of injury was noted to be a slip and fall on the floor. The patient was noted to be treated with medications and physical therapy. The patient underwent a Functional Capacity Evaluation on 9/15/14, which revealed the patient was functioning at a light to medium physical demand level and the job requires a medium physical demand level. The patient was noted to undergo a mental health evaluation, which revealed the patient had a fear avoidance beliefs score regarding work of 36, which translates into a significant fear avoidance of work and a fear avoidance beliefs score regarding physical activity of 20, which is a significant fear of physical activity. On the Beck Depression Inventory II, the patient scored a 35, and on the BECK

Anxiety Inventory the patient scored a 23, which are indicative of severe depression and moderate anxiety respectively. A request has been submitted for a work hardening program x 80 hours.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the initial denial noted that the request does not comply with ODG criteria which note that a valid Functional Capacity Evaluation should be performed, administered and interpreted by a licensed medical professional. On appeal, the URA noted that work hardening has minimal chance of success based on the patient's risk factors.

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

The Official Disability Guidelines (ODG) indicate the criteria for admission into a work hardening program include documentation of a prescription and screening documentation, including a multidisciplinary evaluation to include a diagnostic interview with a mental health provider. There should be documentation of the job demands. Additionally, there should be documentation of a Functional Capacity Evaluation and evidence of a treatment plan with an adequate trial of physical rehabilitation with an improvement followed by a plateau, with evidence of no likely benefit from continuation of the prior treatment. There should be documentation the patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function. In this patient's case, the documentation for the work hardening program reconsideration does not demonstrate an adequate trial and a plateau of physical therapy with evidence of no likely benefit from continuation of the prior treatment. The patient had completed nine sessions of physical therapy. As such, the requested authorization for a work hardening program x 80 hours is not medically necessary.

Therefore, I have determined the requested work hardening program x 80 hours 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)