

Notice of Independent Review Decision

September 12, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Work Hardening 5xWk x 2Wks Lumbar 97545 97546 80 Hours

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. The physician is certified in pain management. The physician has a private practice of Physical Medicine & Rehabilitation, Electro Diagnostic Medicine & Pain Management in Texas. The physician is a member of the Texas Medical Association and the Houston Physical Medicine and Rehabilitation Society. The physician is licensed in Texas and Michigan and has been in practice for over 25 years.

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.

Upon independent review, the physician finds that the previous adverse determination should be ~ Overturned

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25 Highland Park Village #100-177 Dallas TX 75205

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PATIENT CLINICAL HISTORY [SUMMARY]:

This is a man who slipped. He developed back and leg pain. He had an MRI that showed a disc bulge at L4/5 with foraminal narrowing at that level. He was felt to have a strain. He received therapies and medications without success. He had a baseline FCE on 5/28/14 and then was enrolled in the first 10 days of a Work Hardening program. He had a baseline GAF of 90 before his injury and was at 60 before work hardening. He had the initial psychological assessment (6/5/24) that showed a BDI of 21 and a BAI of 19. There was no reports of any improvement or psychological support in the program that addressed the depression and anxiety identified by Ms. He had residual but improved levels of pain. advised further work hardening as he reached a medium PDL and needed to be at a very heavy PDL. The ranges of motion, strength and stamina improved, but not to the level that allowed him to return to work. One reviewer worried about alcohol and drug abuse, but I did not see that was identified as an issue. The question is that there was no ongoing documentation of psychological intervention or any improvement. There was a comment of a video being shown.

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

My interpretation of the rules is that there is to be psychological treatment of issues that may be interfering with return to work. The program here did not describe this as being a major barrier. The emphasis is to establish goals and demonstrate progress to reaching those goals with the ultimate goal of returning to work. There is to be subjective and objective measurements of improvement. These have been demonstrated for this man. As such, I feel that the additional 10 sessions are justified for the full 20 sessions.

From the ODG under back pain.

Work conditioning, work hardening	Recommended as an option, depending on the availability of quality programs, using the criteria below. These programs should only be utilized for select patients with substantially lower capabilities than their job requires. (Schonstein-Cochrane, 2003) See also Chronic pain programs (functional restoration programs), where there is strong evidence for selective use of programs offering comprehensive interdisciplinary/multidisciplinary treatment, beyond just work hardening. Multidisciplinary biopsychosocial rehabilitation has been shown in controlled studies to improve pain and function in patients with chronic back pain. However, specialized back pain rehabilitation centers are rare and only a few patients can participate in this therapy. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed 2 weeks without demonstrated efficacy (subjective and objective gains). (Lang, 2003) As with all intensive rehab programs, measurable functional improvement should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic
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pain programs, repeating many of the same treatments without clear evidence of benefit. ([Schonstein-Cochrane, 2008](#)) Use of Functional Capacity Evaluations (FCEs) to evaluate return-to-work require validated tests. See the [Fitness For Duty Chapter](#)...

There has been some suggestion that WH should be aimed at individuals who have been out of work for 2-3 months, or who have failed to transition back to full-duty after a more extended period of time, and that have evidence of more complex psychosocial problems in addition to physical and vocational barriers to successful return to work. Types of issues that are commonly addressed include anger at employer, fear of injury, fear of return to work, and interpersonal issues with co-workers or supervisors. The ODG WH criteria are outlined below.

Criteria for admission to a Work Hardening (WH) Program:

(1) *Prescription:*...

(2) *Screening Documentation:* ...

(3) *Job demands:*...

(4) *Functional capacity evaluations (FCEs):* ...

(5) *Previous PT:* ...

(6) *Rule out surgery:* ...

(7) *Healing:* ...

(8) *Other contraindications:*...

(9) *RTW plan:*...

(10) *Drug problems:* ...

(11) *Program documentation:* The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. **There should documentation of the proposed benefit from the program (including functional, vocational, and psychological improvements) and the plans to undertake this improvement.** The assessment should indicate that the program providers are familiar with the expectations of the planned job, including skills necessary. Evidence of this may include site visitation, videotapes or functional job descriptions.

(12) Further mental health evaluation: Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.

(13) *Supervision:* ...

(14) Trial: Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress.

(15) *Concurrently working:*...

(16) *Conferences:* ...

(17) *Voc rehab:* ...

(18) *Post-injury cap:*...

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	<p>(19) <i>Program timelines:</i> These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.</p> <p>(20) <i>Discharge documentation:</i>...</p> <p>(21) <i>Repetition:</i> ...</p>
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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)