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Notice of Independent Review Decision

Date notice sent to all parties: 12/16/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty (80) hours of work hardening

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:

X 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 (80) hours of work hardening - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Lumbar MRI dated 02/18/13
Independent Medical Evaluation (IME) dated 07/17/13
Report dated 08/19/13
Physical therapy evaluation dated 08/22/13

Note dated 10/04/13
Behavioral Health Assessment for Work Hardening dated 10/22/13
Functional Capacity Evaluation (FCE) dated 10/29/13
Fax Cover Sheets from Healthcare dated 10/30/13, 11/11/13, and 11/25/13
Work Hardening Request dated 10/30/13
Treatment plan from Healthcare dated 10/30/13
Notices of Adverse Determinations dated 11/04/13 and 11/19/13
Reports dated 11/07/13 and 11/20/13
DWC-73 forms dated 11/07/13 and 11/20/13
A letter "To Whom It May Concern" dated 11/11/13
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

A lumbar MRI dated 02/18/13 revealed a slight variant vertebral anatomy with a near complete intervertebral disc between S1 and S2 vertebral segments. Disc desiccation was noted at L3-L4 and L5-S1. At L4-L5, there was an eccentric to the right 2.5 mm. disc herniation resulting in right sided neural foraminal stenosis. A left sided synovial cyst was noted at L4-L5 that measured 7.8 mm. without neural impingement. There was a broad 1.9 mm. posterior disc herniation at L3-L4. There was a broad 3 mm. posterior disc herniation superimposed on a midline annular fissure at L5-S1 with mild bilateral neural foraminal stenosis. performed an IME on 07/17/13. He had received an ESI with no improvement and was taking Hydrocodone and Lyrica as needed for pain. Electrodiagnostic studies were noted to be normal. He had generalized low back tenderness with a somewhat exaggerated response to palpation. There was no swelling or muscle spasms noted. Flexion was 50-60 degrees, extension was 10 degrees, and lateral bending was 15 degrees. felt the restriction of motion was voluntary. Supine straight leg raising caused back pain bilaterally at about 60 degrees. Sensation was normal and strength appeared good in both lower extremities. The diagnosis was a lumbar strain superimposed on preexisting lumbar spondylosis. felt further orthopedic treatment was not appropriate and he did not require Lyrica or Hydrocodone. examined the patient on 08/19/13. The assessments were chronic low back pain, lumbar disc displacement, and lumbar facet syndrome. Bilateral lumbosacral facet medial branch block at L4-L5 was recommended to be followed by bilateral sacral facet rhizotomy at L4 and L5 if the block was successful. Tramadol and Lyrica were refilled. On 10/22/13, evaluated the patient and it was noted he had moderate depression and severe anxiety. A work hardening program was recommended. The patient underwent an FCE on 10/29/13 and he was currently functioning in the medium physical demand level. His previous employment required the heavy physical demand level. On 10/30/13, requested 10 sessions, eight hours a day, of a work hardening program. On 11/04/13, provided an adverse determination for the requested 80 hours of work hardening. On 11/07/13, examined the patient. He complained of high levels of low back pain and muscle spasms. His range of motion was decreased and straight leg raising was positive bilaterally at 70 degrees. noted the work

hardening had been denied because a job description was not included. On 11/11/13, wrote a letter of reconsideration and noted a job description was not a requirement for a work hardening program. He felt the program would help him return to his required physical demand level. On 11/19/13, provided another adverse determination for the 80 hours or work hardening. On 11/20/13, the patient's complaints were unchanged when he returned. He also noted he received a notice that he has a new attorney because his no longer works at the firm he was working at. Modified duty was continued through 12/04/13.

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

The patient does not meet several of the criteria for a work hardening program as set forth by the ODG. First, there is no cleared return to work plan. While the attending provider alleges that the patient is eager to return to work, there is no job to return to, no vocational plan, and no purpose towards work hardening. Second, there is no ongoing psychological condition for which a work hardening program would be necessary. Furthermore, the FCE performed is insufficient to determine whether the patient truly cannot meet the goals. There is no objective evidence of any change to the body that would account for the patient's "diminished" FCE. There is no proof that the patient could have passed an FCE prior to the injury and what his documented physical demand level would have been. Given all of these conditions and the fact that the FCE did not allow for verification that the patient made maximum effort in the FCE, there is no objective evidence to allow the patient to proceed with any tertiary program. In conclusion, this patient, with a minor injury, and no objective findings in the IME is not a candidate for a work hardening program. Therefore, the requested 80 hours of a work hardening program is not reasonable, medically necessary, or 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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**