



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 5/12/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Eighty hours of work hardening/ten sessions

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

Texas State Licensed MD Board Orthopedic Surgeon

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY:

The claimant was documented to have been injured on xx/xx/xx. It was noted that later that evening, he began experiencing very severe low back pain and the pain progressively got worse. The prior treatments had included 10 visits of therapy and chiropractic adjustments. There were continued complaints of lumbar pain with radiation to the right leg. The exam findings revealed a positive straight leg raise. The weakness was noted at the right EHL and knee extension and flexors. The reflexes were noted to be intact. There was hypoesthesia at the distal lateral thigh, extending into the proximal lateral calf and dorsum of the foot on the right. The MRI was noted to have revealed a L4-L5 posterior annular fissure with a disc extrusion, 5 mm, resulting in moderate central canal stenosis. There was a consideration for a "return to work program, a psychological consultation will be performed." The prior records were also reviewed. Prior records included those from 02/21/2014 documenting that the claimant's FCE had been completed on 02/18/2014. It was noted that the claimant had a history of an assessment of lumbosacral sprain/strain, SI sprain and annular tear at L4-L5 along with deconditioning. Medications included gabapentin, Mobic, and Flexeril. There was a consideration for work conditioning program. The functional capacity evaluation was then referenced and it was noted



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that the claimant was felt to be at a light medium level of activities and his job required a "medium level PDC." The prior appeals were noted. The prior denials were also referenced revealing that the claimant had not necessarily plateaued in treatments.

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

The claimant clearly as reportedly had extensive treatment for the aforementioned diagnoses. It should also be noted that the records reviewed showed a significant apparent gap in evaluation and treatment between 12/30/2013 and mid February of 2014. The claimant was noted to have, as of 03/11/2014, had an appeal-type request for work hardening. The details of that request have been reviewed, documenting the psychosocial screen "depression and anxiety, this patient is experiencing as a direct result of his work injury." The aggregate of overall records at this time, however, does appear to reflect that there was a significant gap in treatment as of 12/20/2013, and the subsequent evaluations including the functional capacity evaluation itself. However, overall, this aggregate of records does appear that the claimant has at this point, been documented to have qualified for a work hardening program. The claimant does have findings that would support that he is relatively close to his workplace activities, however, has not been able to achieve such activities within a prescribed in self-administered protocol. It does appear that he has maxed out in overall treatments despite the fact that there was a gap in formal treatment for at least a 2-month period. The claimant has a combination of physical and a degree of psych associated issues that would appear to be quite appropriate for a work hardening program overall, as per applicable clinical guidelines for same. The claimant does not appear to have failed the psychosocial screen and does appear at this time to have plateaued with regards to therapeutic intervention aside from work hardening. The applicable clinical guidelines therefore, including ODG do indeed support to work hardening at this time based on the contents of the appeal letter in particular from 03/17/2014 and it should be certified at this time in this reviewer's opinion as being medically reasonable and necessary with an overturn of the prior denial.

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



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- 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)**