



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 12/15/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Functional Restoration Program, 80 hours.

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

Texas State Licensed MD Board Occupational Medicine.

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.

PATIENT CLINICAL HISTORY:

This is a male with history of chronic low back pain with radicular symptom secondary to lifting at work on xx/xx/xx. The claimant was treated with pain medication and physical therapy, which failed to provide him lasting relief. Based on designated doctor evaluation, he was considered to have not reached maximum medical improvement and recommended additional treatment. He was referred for a Functional Restoration Program.

On his evaluation on 09/30/14, the claimant reported persistent moderate to severe low back pain with radiation to right lower extremity, causing numbness and weakness in the leg. On examination, he had a mildly atalgic gait, bilateral sacroiliac tenderness, restriction of range of motion, and positive straight leg raise sign on the right. His previous MRI reported multi-level degenerative joint disease of lumbar spine with moderate canal stenosis at L4. His current medications included Mobic, Hydrocondone and Cymbalta. He was recommended mental health evaluation and functional capacity evaluation (FCE) for further assessment.

According to Mental Health Evaluation, the claimant was found to have evidence of moderate to severe level of depressive symptoms and insomnia, severe level of fear avoidance and other maladaptive behavior. His limited FCE results, due to extreme fear avoidance behavior, showed mobility, strength and lifting deficits. He was considered to be able to perform at sedentary physical demand level (PDL) while his job required heavy PDL, indicating severe functional deficit. Based on findings, the claimant was



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recommended to undergo 80 hours of Functional Restoration Program (Chronic Pain Management Program) for the treatment.

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

This claimant suffers from chronic pain syndrome for the last several months with strong psychological component. He has been taking narcotic pain medication and antidepressant, without relief in his symptoms. His mental health evaluation provided evidence of depressed affect and chronic pain with disability behavior. He was unable to give adequate effort on FCE due to fear-avoidance behavior. Based on limited FCE results, he was noted to have significant functional deficits precluding his return to work. A functional restoration program (80 hours) is indicated in this case due to the following considerations:

- The claimant has a chronic pain syndrome, with evidence of loss of function that persists beyond three months. He has evidence of excessive dependence on healthcare providers, secondary physical deconditioning, psychosocial sequelae, such as depression and fear avoidance, that limit function or recovery, and continued use of narcotic pain medication
- Previous methods of treating chronic pain, medication and physical therapy, have been unsuccessful
- His clinical findings of radiculopathy on examination are not corroborated by imaging studies (MRI). Thus, recommendation of additional diagnostic testing will be questionable and may not be supported by guidelines.
- Based on his equivocal clinical findings coupled with symptom of chronic pain syndrome, a FRP would provide an opportunity of recovery for the claimant and avoid additional diagnostic or invasive procedures
- The claimant has motivation to become free of dependence on pain medication and to successfully return to work.



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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)