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Date notice sent to all parties: 05/05/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of a work hardening program for the lumbar spine

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

Licensed by the Texas State Board of Chiropractic Examiners

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 hours of a work hardening program for the lumbar spine – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

XX examined the patient on XX/XX/XX. She was injured on XX/XX/XX when she was working in the back of a X loading X which were being handed to her very quickly. One of the X fell on her right side and there was a very loud noise from the X banging around in the X. She reported hearing loss in the left ear with tinnitus and she reported one of the gondolas fell on her right leg, causing pain in her right hip, buttocks, low back, and foot. She reported she also injured her right hand trying to hold up the gondola and also had right forearm pain. She

reported intermittent numbness and tingling in the 4th and 5th fingers of the right hand. She denied any neck pain and any lower extremity paresthesias. She did report that her right hip and right knee popped out of place. X-rays of the knee and ankle were reportedly negative and she also reported she had fallen 30 times. As of XX/XX/XX, she followed-up with low back and right hip pain. She noted her hip fell out of socket and popped in and out, causing her to fall. Her right knee also cracked and popped causing her to fall to the right. She was walking with a large walking stick and also had pain in her right ankle. She requested chiropractic manipulation. Currently, she had completed therapy and still had pain and decreased range of motion. It was noted she was basically unchanged and a work hardening program had been recommended. She was currently on Aspirin, Excedrin ES, Ibuprofen, Lipoflavonoid, and Meloxicam. She was 260 pounds. She had some tenderness and moderately reduced range of motion in the lumbar spine. She had near full range of motion in the right knee and there was some giveway weakness in the right knee and hip. An FCE and work hardening were requested and she was continued on work restrictions. She would be taken off of work once she started the work hardening program. The patient underwent an FCE on XX/XX/XX. Her pain was rated at 7/10 and she was 66 inches tall and weighed 261 pounds. She could complete portions of functional specific testing due to increased pain. She was currently functioning in the light physical demand level and her job required the heavy physical demand level. Work hardening and a psychological evaluation for the patient's emotional complications were recommended. XX evaluated the patient on XX/XX/XX. Her primary location of pain was the low back with radiating pain down her right leg. She reported difficulties with ADLs and rated her level of functioning prior to her injury at 100% and after, 20%. She reported initial and sleep maintenance insomnia. She ambulated slowly with a walking stick with an antalgic gait. Her attention and concentration were easily distracted and her mood was dysthymic while her affect was appropriate to content. On BDI testing, she scored 12, indicating minimal depression and on BAI test, she scored 23, indicating moderate anxiety. Her diagnoses were somatic symptom disorder with predominant pain and unspecified anxiety disorder. It was felt the patient was an excellent candidate for a work hardening program. Goals of treatment and plan for the work hardening program dated XX/XX/XX was reviewed. On XX/XX/XX, XX provided a preauthorization request for 80 hours of a work hardening program. It was noted she showed modest improvement with therapy and it was felt based on the results of the FCE, the patient's current level of functioning was due to the injury. The ODG criteria for work hardening was reviewed. On XX/XX/XX, XX provided an adverse determination for the requested 80 hours of the work hardening program. On XX/XX/XX, XX provided a request for reconsideration of the 80 hours of the work hardening program. It was noted a strong component of the program would be facilitating a return to work at full duty. On XX/XX/XX, XX provided another adverse determination for the requested 80 hours of work hardening.

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

After reviewing the above mentioned documentation, it is my opinion that the requested work hardening is not medically necessary. The ODG criteria for admission to a work hardening program for the lumbar spine, criterion 5 regarding previous therapy states, "There is evidence of treatment with an adequate trial of active physical rehabilitation with improvements followed by plateau with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches." There is insufficient documentation in the records reviewed to show that there was a plateau in improvement after the 10 physical therapy visits already rendered. There is also insufficient documentation in the records reviewed that the physical therapy rendered previously was of an active nature and not passive, in order to satisfy criterion number 5. It should also be noted that it has not been determined or noted if the patient can be treated with other interventions, such as surgery or injections, for functional improvement. Therefore, the requested 80 hours of work hardening program for the lumbar spine is not medically necessary, appropriate, or supported by 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)**