

IRO Certificate No: X

## **Notice of Workers' Compensation Independent Review Decision**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X.

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a X who has filed a claim for chronic low back, hip and thigh pain reportedly associated with an industrial injury on X, requested for X.

The current diagnoses include strain of muscle, fascia and tendon of lower back, strain of muscle, fascia and tendon of right hip, strain unspecified muscle, fascia, and tendons at the right thigh level. The patient has documented history of X.

On X, the patient reported that X was injured/suffering sudden low back and right hip pain after attempting to X. The patient stated that because of that, X sustained injuries to X lumbar spine and right hip regions. The patient reported that X presented to the onsite physician at work and was prescribed a pain medication and given an ice pack for pain and swelling. However, despite taking the pain medication nebulizing the ice pack the pain was still persistent and gradually began to radiate down to X right lower extremity. The patient currently reports low back, right hip, and right knee pain. X describes the pain as sharp aching pain that comes and goes, tingling and numbness that radiates down right leg. X describes right hip pain as constant dull numbing pain and right knee pain as aching dull pain that comes and goes. The patient works for X as a X. The patient's responsibility is to assist with X. The patient also helps

in X. Performs basic to moderately complex X. The results of the patient's physical performance evaluation reveal that X can safely independently return to usual and customary duties as a X, per the job analysis provided by the patient/employer. The patient currently reports the overall pain as X, where X is an ambulance is needed. The patient currently reports right hip and right knee pain. On the physical examination the patient demonstrated restricted range of motion and strength deficit of the right hip and right knee, when compared bilaterally. The provider noted that after completing the X test, the patient reported increased left and right knee pain. The X was performed with muscular fatigue, increased low back and right knee pain, and concluded with the patient reaching X maximum lift ability. Overall, the patient demonstrated the ability to perform at a medium physical demand level safely and dependably, which fails to meet the minimum requirement for the job. The patient scored X on X which correspond to "bed-bound or exaggerating symptoms".

On X the provider indicated that the patient continues to report moderate pain at X lumbar spine and right hip, no radiating pain is reported to the right anterolateral thigh. The patient reported the X were successful, worsened pain still present with standing/walking. The magnetic resonance (MR) arthrogram of right hip indicate the presence of a right hip anterior labral tear. The patient had an orthopedic consultation, recommended a X which was never performed. The provider also noted the patient has completed X approved hours of work hardening program noting further increase of X "X". The provider stated that the new X test reveals functional improvement, but the patient has not yet reached the level required for a full duty return to work. The provider indicated that an X will be recommended. The provider indicated that designated doctor examination was performed with X, DC on X. The provider indicated

that the patient is currently able to work at modified duty with restrictions.

The patient reported that while X is working for X, X was injured/suffering sudden low back and right hip pain after attempting to X. The patient stated that because of that, X sustained injuries to X lumbar spine and right hip regions. The patient reported that X presented to the onsite physician at work and was prescribed a pain medication and given an ice pack for pain and swelling. However, despite taking the pain medication and utilizing the ice pack, the pain was still persistent and gradually began to radiate down to X right lower extremity. The provider indicated that the patient has been in the X and reports increased pain, and even X. The patient was released from the hospital the same day but was advised to take several weeks off from the program. A magnetic resonance imaging (MRI) was performed and compared to X previous MRI which noted no acute changes. The record indicates the patient is taking X. On physical examination, visualization of the lumbar spine is seen visibly stiff and rigid. The provider indicated the patient did not have trouble sitting for the duration of the examination but was noted to have difficulty laying down and rising from supine position secondary to pain. The provider also indicated that the patient's movement appears to be mildly guarded, hypertonicity and mild spasm was palpated in the lumbar musculature. The provider states that visualization of the right hip noted slightly guarded movement. Palpation of the right hip noted mild/moderate tenderness, hypertonicity and myospasm was palpated in the hip musculature. The X was positive for localized lumbar pain and lumbar range of motion was noted restricted in some planes. X was positive for right hip pain, right hip range of motion was noted with restricted infection and abduction, left hip range of motion within normal limits. The provider's

recommendation is to request X to increase patient's PDL required for a full duty return to work.

On X, the patient received a denial letter indicating the request for an X is not medically appropriate. Per the ODG fitness for duty and Evidence-based medical treatment guidelines, X, recommended as an option pending availability of quality programs, the best way to get the injured worker back to work is with modified duty return to work program rather than a X. While ODG's fitness for Duty for X acknowledges the X is recommended as an option, depending upon availability of quality programs however, the outcomes of the program in question are unknown. The ODG further stipulates that one of the primary indications for pursuit of treatment through a X is that there is a specific defined return to work plan, ideally agreed upon by the patient and employer. However, a clear return to work plan has not seemingly been formulated and a target return to work date has not been identified. The ODG further stipulates that treatment is not suggested for longer than X. However, the patient remains off from work. Work restrictions remain in place, reportedly resulting in the patient's removal from the workplace. The patient remains X. It is also noted that the treating provider failed to obtain substantive improvements in function achieved through prior care.

On X, a denial response was sent to the patient. The letter noted that the ODG states X, is conditionally recommended as an option. The best way to get an injured member back to work is with a modified duty return to work program. In this case, the patient was seen for pain in the low back and right hip. The examination revealed moderate tenderness to palpation, myospasms and hypertonicity in the lumbar spine and right hip. X was positive. The X was mildly antalgic, motor strength was X on the left and X on the right. The provider is recommending X. The request for X was previously

denied for review on X, as a clear return to work plan has seemingly not been formulated. The patient estimated X. Medical necessity cannot be established.

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

The ODG X involves an additional series of intensive physical therapy sessions required beyond a normal course, primarily for supervised exercise training, and is contraindicated when there are significant psychosocial, drug or attitudinal barriers to recovery that are not addressed by this program. X visits are typically more intensive than regular PT visits, lasting X times longer and focusing on work required endurance. Consistent with all X participation does not preclude patient from concurrently working. The guidelines indicate the program should not exceed X hours, with a reassessment performed after X weeks to determine if completion of the current program is appropriate.

This case involves a X who has filed a claim for chronic low back, hip and thigh pain reportedly associated with an industrial injury on X, and now requesting X. The patient works for X as a X. The patient's job responsibilities include X. The patient also helps in X. The patient also performs basic to moderately complex X. The patient reported that X was injured/suffering sudden low back and right hip pain after attempting to X on X. The patient stated that because of that, X sustained injuries to X lumbar spine and right hip regions. The patient reported that X presented to the onsite physician at work and was prescribed a pain medication and given an ice pack for pain and swelling. However, despite utilizing the recommended management the pain was still persistent and gradually began to radiate down to X right lower extremity. The X of right hip indicate the presence of a right hip anterior labral tear. On the most recent

clinic visit, the provider indicated that during physical exam the patient was noted tenderness, hypertonicity and myospasms upon palpation of lumbar spine and right hip, X motor strength in left lower extremity and X in the right lower extremity. The provider also noted restricted range of motion and strength deficit of the right hip and right knee, when compared bilaterally and indicated that after completing the X, the patient reported increased left and right knee pain. The X was performed with muscular fatigue, increased low back and right knee pain, and concluded with the patient reaching X maximum lift ability. The patient scored X on Oswestry disability questionnaire which correspond to “bed-bound or exaggerating symptoms”. The provider also noted the patient has completed X. The provider stated that the new X reveals functional improvement, but the patient has not yet reached the level required for a full duty return to work and noted that an X. The records indicated the patient demonstrated the ability to perform at a medium physical demand level safely and dependably. The record also indicated that the patient already completed X. X treatments have included X. According to the previous denial the ODG stipulates that one of the primary indications for pursuit of treatment through a work conditioning or work hardening program is that there is a specific defined return to work plan, ideally agreed upon by the claimant and employer. In relation to that, the records submitted for review do not contain sufficient evidence indicating functional response to prior treatment to support additional work hardening hours and there is no clear return to work plan formulated. Therefore, the request for an X is not considered medically necessary.

#### **SOURCE OF REVIEW CRITERIA:**

- ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase



- AHRQ – 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 Judgment, Clinical Experience, and Expertise in Accordance with Accepted Medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG- Official Disability Guidelines & Treatment Guidelines
- Presley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a Description)
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

**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)

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

X.