



Notice of Independent Review Decision

**DATE OF REVIEW: 8/9/07**

**IRO CASE #:**

**NAME:**

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

Determine the medical appropriateness of the previously denied request for 10 sessions of Chronic Behavioral Pain Management Program.

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

Texas Licensed Physical Medicine and Rehabilitation D.O.

**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)

The previously denied request for 10 sessions of Chronic Behavioral Pain Management Program.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Fax Cover Sheet dated 8/1/07, 7/27/07, 6/1/07.
- Notice to CompPartners, INC. of Case Assignment dated 7/27/07.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 7/27/07.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO).
- Request for a Review by an Independent Review Organization dated 7/16/07.

- **Determination Report dated 7/2/07, 6/8/07.**
- **E-Mail dated 6/29/07.**
- **Appeal Letter dated 6/25/07.**
- **Office Note dated 6/7/07.**
- **Pain Management Program dated 6/1/07.**
- **Weekly Summary dated 6/1/07, 5/25/07, 5/17/07.**
- **Interdisciplinary Pain Rehabilitation Program dated 5/30/07.**
- **Diagnostic Interview and Treatment Plan dated 4/2/07.**
- **Retrospective Medical Records Review dated 9/6/05.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

**Age:**

**Gender:** Male

**Date of Injury:**

**Mechanism of Injury:** He was picking up roadway warning cones, while riding in the back of a truck. A road sign that was in the truck blew over knocking him from the back of a moving truck causing him to fall onto the pavement. He suddenly grabbed the bottom of the truck and was dragged 20-25 ft with road burn injuries to the head, neck, chest, upper and lower back, shoulders, arms, hands, and legs.

**Diagnosis:** Multiple contusions and abrasions

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

This male sustained an industrial injury as described above. After the work injury, he was examined at the Medical Center for right hand and left foot soreness. There were superficial abrasions in the right upper back, elbows, left knee, and right hand hypothenar eminence. There was also a mid sternal superficial abrasion with erythema. Diagnostic X-rays of the right hand and left foot were unremarkable. He was diagnosed with multiple contusions and abrasions. The claimant was prescribed Vicodin, Motrin, and Cataflam. He was released to restricted light duty work. He was to wear post-operative shoe on the left foot. He continued follow-up care at the Medical Center complaining of multiple pain foci including the chest, back, inner thigh, left shoulder, and neck. There was some limited range of motion on the left shoulder secondary to pain and tenderness. There was also tenderness over the lateral aspect of the left knee. Numbness was noted in the left arm and left leg with diffuse tenderness in the mid foot on the left. Straight leg raising was positive on the left. Abrasions healed well. EKG and chest X-rays were normal. He was subsequently diagnosed with a cervical strain, and 9 physical therapy sessions were ordered. The claimant continued follow-up care with Dr.. The abrasions healed; however, there was continuing reduced left ankle range of motion and lower back pain. Dr. requested a lumbar MRI scan demonstrating L3-L4 and L4-L5 posterior disc herniations with a degenerative disc bulge at L2-L3 level. A left knee MRI scan demonstrated minimal effusion and minimal degenerative changes. The claimant was subsequently referred to Dr. orthopedic surgeon. He examined the claimant and reviewed the MRI scans of lumbar spine and left knee. He noted that the left knee MRI scan demonstrated a medial meniscus tear in the posterior horn. He also diagnosed disc herniations at both L3-L4 and L4-L5 levels. He prescribed a back brace and muscle stimulator. He also

prescribed multiple medications including Lortab, Parafon Forte, and Soma. He also prescribed Aloe topical liniment. Dr. recommended left knee arthroscopy. The subsequent cervical spine MRI scan demonstrated multiple disc herniations at C4-C5, C5-C6, and C6-C7 levels. The claimant continued orthopedic follow-up with Dr. and on 1/25/01, he performed left knee arthroscopic medial and lateral meniscectomies. Post-operatively, the claimant attended 19 physical therapy sessions. There was improvement in left knee symptoms. The claimant continued to prescribe medications including Vioxx, Lortab, and Soma. Dr. also prescribed a patellofemoral brace. With regard to the lumbar region, Dr. recommended a two-level laminectomy/discectomy with fusion. With regards to the cervical pain, he suggested a referral to Dr.. A second opinion surgical evaluation was performed by M.D. who diagnosed closed head injury, possible cardiac irregularity, cervical degenerative disc disease at C5-C6 and C6-C7, and degenerative disc disease with degenerative arthritis from L2 through L5 levels. He recommended further work for the closed injury and cardiac irregularity. Dr. did not agree with the recommended lumbar spine surgery. Another surgical opinion was obtained from M.D. who agreed with the previous surgical recommendation of Dr. with regard to the lumbar spine. Cervical spine evaluation was performed by M.D. Dr. noted physical examination findings of weakness in the left upper extremity and positive Lhermitte sign. There was slight upper extremity hyperreflexia. He recommended cervical epidural steroid injections prior to surgical management. The required medical examination by M.D. opined that the claimant had greater symptoms than would be expected with the physical findings, and he recommended a lumbar discogram with CT scan, psychological evaluation, and electromyography or electrodiagnostic studies of bilateral upper and lower extremities. On 10/9/01, Dr. performed the L3-L4 and L4-L5 laminectomy/discectomy with fusion and posterior instrumentation. Additionally, a bone growth stimulator was inserted. Post-operative diagnostic X-rays demonstrated anatomical alignment. He was prescribed a post-operative lumbosacral corset, back brace, quad cane, and the narcotic analgesic medication Lortab. Post discharge, he received Home Health Skilled Nursing visits for dressing changes. Dr. continued follow-up care with the claimant. There was localized right low back pain over the battery site for the bone growth stimulator, and it was found to be non-functional. Dr. recommended a removal of this device. He discontinued Lortab and instead prescribed lower dose Tylenol and Norco. He added the muscle relaxant medication Zanaflex. Dr. opined that the claimant reached maximum medical improvement (MMI) as of 10/23/02, and designated 25% whole person impairment. Repeat cervical MRI scan demonstrated spondylitic changes at multiple levels with cervical spinal canal narrowing at C3, C4, and C5 levels. On 12/6/02, Dr. performed anterior cervical discectomy/fusion at the C3-C4 and C4-C5 levels. He prescribed Soma, and he also prescribed post-operative physical therapy treatment. In 2003, the claimant continued follow-up care with Dr. for cervical pain and left upper extremity radicular pain/weakness. At that time, the claimant was prescribed the following medications: Vicoprofen, Neurontin, and Skelaxin. Dr. diagnosed chronic radiculopathy and opined that the claimant was permanently disabled from gainful employment. He recommended additional physical therapy and a CT myelogram of the cervical spine. The cervical spine CT scan demonstrated non-union of the C4-C5 fusion and coalescent fusion at C3-C4. Dr. noted that the claimant continued to complain of low back pain with bending and stooping activities. Dr. documented positive straight leg raising sign and reduced bilateral ankle and knee reflexes. He prescribed a new industrial back brace. He refilled the medications Norco and Soma. He recommended aquatic exercise and a Pain Management Program. On 5/22/03, Dr. removed the bone growth battery and wires from the period of July 2003 through October 2003. The claimant underwent 36 physical therapy sessions.

In 2004, an outpatient chronic pain management program was recommended with regard to a mental health re-evaluation. He underwent evaluation by M.D.-Pain Management Specialist. At that time, the claimant was taking hydrocodone, Bextra, and Neurontin. Dr. noted sacroiliac joint tenderness and exquisite cervical myofascial tenderness bilaterally with tender cervical facet joints. He noted greater occipital nerve syndrome and lumbar facet syndrome. He also diagnosed sacroiliac joint syndrome. Dr. recommended a cervical epidural steroid injections, cervical blocks, and greater occipital nerve block. He also recommended lumbar facet blocks. He discontinued Lortab and prescribed sustained release analgesic medication OxyContin. He administered a lumbar transforaminal injection with percutaneous lysis of adhesions. According to Dr. , this procedure provided only short-term relief of his lower back pain. Dr. recommended ongoing pain management for the cervical spine and no further cervical intervention. Dr. diagnosed failed back surgery syndrome, lumbar discogenic pain, and myofascial pain syndrome. He recommended extensive rehabilitation of the lumbar spine and the lumbar epidural steroid injection. He refilled the medications OxyContin and prescribed the muscle relaxant Skelaxin. Another opinion obtained from M.D. noted cervical and lumbar paravertebral muscle spasm and trigger points. He diagnosed lumbar disc dysfunction, lumbar radiculopathy, and bilateral sacroiliac joint pain. He recommended lumbar spine flexion/extension X-rays, bilateral sacroiliac joint/lumbar facet injections, electrodiagnostic studies of bilateral lower extremities, physical therapy, and surgical evaluation. He refilled medications including Norco, Senokot, Ambien, and Kadian. He added the antidepressant medication and Lexapro. A repeat impairment evaluation was performed by Dr. in 2004, and the claimant was found to have achieved statutory MMI as on 5/9/03. From January 2004 through November 2004, the claimant attended 41 days of a chronic pain management program. He underwent pain management re-evaluation, and individual psychotherapy was recommended. From 1/21/05 through 6/7/05, he underwent six individual psychotherapy sessions. In February 2005, Dr. noted 50% pain relief from the current prescribed medication regimen. He again requested lower extremity electrodiagnostic studies. On 4/7/05, Dr. performed a second back surgery including laminotomy and foraminotomy at the L3-L4 level and L4-L5 level with removal of posterior instrumentation and exploration of a lateral transverse process fusion. Post-operatively, he prescribed a V-lock brace and a straight cane. As of the June 2005, post-operative visit Dr. noted that the claimant continued to be symptomatic with regards to lower back pain at the surgical site. He again recommended comprehensive pain management program and again prescribed Vicodin. He was scheduled a 2-month physician follow-up visits. As of 8/18/05, six sessions of individual psychotherapy were approved. The claimant had received 10 sessions of Chronic Pain Management Program, and an additional 10 sessions was non-certified for several reasons, including the chronicity of the injury as it is greater than 2 years and because during the first 10 sessions of the Chronic Pain Management program, there was no specific objective documented therapeutic benefit from this particular program including a reduction in use of narcotic analgesic medication. The appeal letter dated 6/25/07 indicated that the first 10 sessions provided reduction in depression and anxiety. However, there was no documented improvement with regards to functional status of the claimant. The claimant does appear to be cooperative and participating in the program. However, the therapeutic benefit of the program is insufficient to justify additional 10 chronic pain management sessions. In summary, the requested additional 10 sessions of the Comprehensive Pain Management Program remains non-certified for several reasons: 1. There is no documented reduction in medication use especially with regard to narcotic analgesic

medication. 2. There is insufficient objective documentation of therapeutic functional benefit derived by this particular program.

**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 – CHRONIC PAIN PROGRAMS.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.**

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