



## IMED, INC.

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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:** 08/21/07

**IRO CASE NO.:**

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

Items in Dispute: Chronic pain management five (5) days a week for six (6) weeks.

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

Texas License.

Diplomate of the American Association of Quality Assurance & Utilization Review Physicians

Diplomate of the American Academy of Pain Management

Certified by the American Academy of Disability Evaluating Physicians

Fellow of the American Back Society

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

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

1. Office note dated 03/27/07.
2. Functional Capacity Evaluation dated 05/02/07.
3. Request for pain management dated 06/19/07.
4. response dated 08/08/07.
5. Request for dispute resolution dated 08/16/07.

**INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):**

The employee was injured on xx/xx/xx. The employee worked on a computer assembly line where it was reported that she had to lift up to 3200 computer units per day. The employee reported bilateral shoulder and bilateral wrist pain.

The employee was diagnosed with carpal tunnel syndrome, and an orthopedic surgeon performed surgery on both of the upper extremities. The employee underwent four total surgeries on the left and right wrists combined. After each surgery, it was also indicated that the employee

underwent postoperative physical therapy. These surgeries were last performed in 2002, however, chiropractic postoperative treatments have continued since that date through the present date of 2007.

A recent request has now been received for the employee to undergo a chronic pain management program. The employee underwent a Functional Capacity Evaluation (FCE) on 05/02/07. The FCE utilized the *Dictionary of Occupational Titles* to illuminate the employee's job duties. A medium strength was required. Medium duty as defined by the *Dictionary of Occupational Titles* is "exerting 20 to 50 pounds of force occasionally and/or 10 to 25 pounds of force frequently and/or greater than negligible up to 10 pounds of force constantly". The employee's results from the FCE confirmed that she could lift up to 19 pounds on an occasional basis. A request for chronic pain management five days a week for six weeks was received.

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

According to the *Official Disability Guidelines*, the employee is not a candidate for a chronic pain management program. Criteria for general use of multidisciplinary pain programs are as follows:

1. An adequate and thorough evaluation has been made. This criteria has been met.
2. Previous methods of treatment of chronic pain have been unsuccessful. This criteria has also been met.
3. The patient has a significant loss of ability to function independently resulting from the chronic pain. This criteria has unfortunately not been proven to be met. The employee is able to function in up to a sedentary work capacity. There was no evidence that the employee needs any assistance at home for activities of daily living either functional or instrumental. Based on the information in these records, it does not appear that the employee meets all of the entrance criteria outlined by the *Official Disability Guidelines* as being necessary for use of multidisciplinary pain management programs.

Furthermore, the *Official Disability Guidelines* indicate "it is now being suggested that there is a place for multidisciplinary programs in a stage in treatment prior to the development of permanent disability, and this may be at a period of no later than three to six months after a disabling injury". This employee's injury is now over six years old. There is little likelihood for this employee to show improvement. The employee has already attempted multiple forms of conservative management and has not met criteria by Texas Labor Code 408.021 for medical necessity. There has apparently not been any cure or relief, progress toward recovery, or significant enhancement of employability. The continuation of conservative management in the form of a chronic pain management program does not meet medical necessity criteria.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- A. *Dictionary of Occupational Titles*
- B. *Official Disability Guidelines*