



IMED, INC.

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DATE OF REVIEW: 12/13/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten (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 License
Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

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. 09/04/01 – xxxxxx.
2. 09/10/01, 09/24/01 –Chiropractic Clinic.
3. 09/25/01 –M.D.
4. 10/04/01 –M.D.
5. 10/08/01, 10/24/01 –D.C.
6. 10/30/01 –M.D.
7. 11/08/01 thru 11/21/01 –D.C.
8. 11/26/01 thru 01/08/02 –M.D.
9. 12/12/01 – Cervical myelogram.
10. 01/30/02 –Neurology .
11. 02/05/02 thru 04/01/02 – Chiropractic notes.
12. 04/02/02 –Rehab Clinic.
13. 05/08/02 – New patient evaluation.
14. 05/17/02 –M.D.
15. 07/02/02 thru 07/16/02 –xxxxxx.
16. 08/19/02 – Operative report.

17. 09/03/02 –M.D.
18. 09/11/02 – Functional Capacity Evaluation.
19. 09/24/02 thru 12/17/02 –Medical Association.
20. 01/22/03 – Functional Capacity Evaluation.
21. 03/15/03 –Chiropractic.
22. 03/23/05 thru 04/06/05 –D.C.
23. 10/06/05 –Health Care
24. 05/05/06 –D.O.
25. 05/09/06 –M.D.
26. 05/10/06 – Physical performance evaluation.
27. 06/05/06 thru 11/14/06 –Medical.
28. 11/28/06 – Mental and behavioral health consultation and progress note.
29. 01/12/07 – Physical performance evaluation.
30. 02/06/07 thru 10/01/07 –Medical
31. 10/05/07 thru 11/06/07 –Health Care.
32. 10/22/07, 11/16/07 –.
33. **Official Disability Guidelines.**

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee was injured. There are multiple medical records regarding this employee. The records indicate that the employee injured her neck and thoracic area. The employee was found to have degenerative spondylosis of the neck and back.

The employee has been treated conservatively with therapy, chiropractic treatment, injections, medical equipment, medications, and rehabilitation programs. The claimant has not been felt to be a reasonable surgical candidate. Imaging studies confirmed the presence of degenerative changes. Previous reviewers have opined that the employee's compensable injury was a soft tissue injury in nature.

The employee has received ongoing treatments from numerous providers between 2001 and 2007, and recently has been referred for a chronic behavioral pain management program. The records indicate that the employee has been through such aspects of a pain program in the past including attempts at physical therapy, biofeedback, and counseling previously. The employee has already achieved Maximum Medical Improvement (MMI) status. The premise is that the employee sustained a soft tissue strain injury which would have resolved by this time.

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

It is my opinion that the ongoing pain complaints are no longer related to the compensable injury, rather ordinary disease of life issues. The employee's

ongoing pain is therefore related to a degenerative process altogether and is no longer related to anything which occurred. The referral for ongoing behavioral pain management at this point in time, years after the alleged injury, is no longer related, nor do I find it to be reasonable or appropriate. A pain program for a soft tissue injury is not a reasonable endeavor. Chronic interdisciplinary pain management programs focusing on functional restoration are reasonable using **Official Disability Guidelines** in some aspects; however, there is not universal acceptance for a pain program in the chronic phase, and there is also very little supporting outcomes for determining the efficacy of such programs. A reasonable indication for a chronic pain program would be for vocational rehabilitation and for detoxification of opioids. The continuation of therapy and counseling services as recommended would not be appropriate in my opinion for this chronic condition. The employee's injury is self-limiting and has likely resolved, and no further treatment is required except for home exercises.

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

1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES