



# Lumetra

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**DATE OF REVIEW:** 12-03-07

**IRO CASE #:**

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

Chronic Pain Management 5xwk/6wks = 30 sessions

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

Certified by The American Board of Physical Medicine & Rehabilitation

**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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/Overturn
xx/xx/xx	xxxxxxx	Prospective	719.41	97799	30	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Notice of Determinations Report Date 10-01-07 & 10-25-07  
Re-Evaluation Progress Report Visit Date 12-16-05

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MRI of the Right Shoulder 10-06-05  
Initial Evaluation Visit Date 10-10-05  
Re-evaluation Progress Report Visit Date 12-16-06  
Functional Capacity Evaluation Summary (FCE) 12-07-06  
Request: 30 sessions of Chronic Pain Management 09-11-07  
Medication List 09-11-07  
Referral Form for Pain Recovery 08-25-07  
Office Visit Progress Notes 10-23-05 to 10-12-07  
Physician Notes xx/xx/xx & 09-28-05  
Physician Response Letter (undated)  
TWCC-1 Employers First Report of Injury  
TWCC-73 (xx/xxxx to 11-2007)  
DWC Form PLN-11 06-22-07  
ODG Guidelines: Low Back; Neck, Pain, Carpal Tunnel Syndrome

**PATIENT CLINICAL HISTORY:**

The medical records presented for review begin with the employer's first report of injuries. The claimant reportedly went to check a light bulb and sustained a shoulder injury. The next note is from a physician who noted that the claimant sustained a lumbar spine injury on xx/xx/xx; was treated conservatively with physical therapy and medications with some improvement. Also noted the claimant re-injured her shoulder in xx/xx/xx.

Plain radiographs did not identify any acute pathology. The medications were continued. Additional physical therapy, for the shoulder, was prescribed. The claimant was continued in a light duty situation. Within the next several days the symptoms worsened, and an MRI of the shoulder was obtained. This was reported as a normal study. Narcotic oral analgesics were added to the treatment plan. Secondary to the MRI, it was felt that there was a brachial plexus type injury and attempts were made to discontinue the oral narcotic analgesics.

Over the next several weeks there were marginal gains reported, the claimant noting a 25% improvement. Follow-up appointments noted changes in the medications and a trial of a steroid injection. The injection did not ameliorate any of the symptoms. The diagnoses evolved into a shoulder muscle spasm, and muscle relaxant type medications were prescribed.

The medication list included oral analgesics (Darvocet), muscle relaxant (Flexeril) and non-steroidal anti-inflammatory medications (Lodine). Monthly follow-up

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visits are noted. No specific improvement noted. Medications were continued. Cervical trigger points were injected in November 2006.

An electrodiagnostic assessment was obtained in February 2007. It was noted that there was electrodiagnostic evidence of a right C6 radiculopathy.

It was noted that in February/March 2007 timeframe the claimant had a seizure. Cervical radiculopathy and Lumbar pain were added to the problem list in February and May 2007 respectively.

An evaluation completed on September 10, 2007 referred claimant for chronic pain program, and a specialty consultant report on September 11, 2007 suggested a 30-session outpatient program.

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

Although ODG does support chronic pain management programs in certain situations, the first requirement is that the claimant must have access to a "proven successful program." Because there is no outcome measurement noted, the Reviewer commented that a proven successful pain program for this patient could not be determined.

The Reviewer stated that according to the records reviewed, the claimant had poor response to past interventions. There was a lack of any functional improvement regardless of the various modalities employed (e.g., physical therapy, medications, injections).

As noted by the ODG, there are to be complex medical and psychological issues. The Reviewer noted that in this case, no such issues are presented to meet the requirement of the program. The Reviewer reviewed the claimant's many complaints but noted no significant changes in the physical examination. There was no objective pathology (plain films are negative, the MRI was negative for any intra-articular shoulder pathology). According to the Reviewer, the patient had a shoulder contusion. Thus, there is no reasonable chance of success.

In the opinion of the Reviewer, the request for chronic pain management program is not medically necessary for this claimant.

**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
- 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)