



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 07/06/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Behavioral Pain Management Program x 10 sessions

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

Board Certified in Neurology and Psychiatry

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the lumbar spine interpreted by M.D. dated 03/08/00
An MRI of the lumbar spine interpreted by D.O. dated 04/19/01
Evaluations with D.C. dated 12/29/05, 05/23/06, 08/22/06, 11/15/06, 12/20/06, and 04/02/07
A DWC-73 form from Dr. dated 12/29/05
An evaluation with D.O. dated 03/10/06
A missed appointment note from an unknown provider (no name or signature was available) dated 03/17/06
Evaluations with, M.D. dated 03/23/06, 04/20/06, 05/25/06, 08/24/06, 10/06/06, and 11/17/06
An evaluation with L.P.C. dated 06/20/06
A behavioral assessment with, M.D., D.C., and, M.A., L.P.C. dated 06/29/06
Letters of non-certification from, M.D. dated 07/07/06, 08/02/06, and 04/10/07
A Functional Capacity Evaluation (FCE) with P.T. dated 11/13/06
Behavioral pain management with, L.P.C.-I. dated 03/30/07
A precertification request from Ms. dated 04/05/07
A request for an appeal from Ms. dated 04/30/07
A letter of denial from M.D. dated 05/07/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the lumbar spine interpreted by Dr. revealed a large disc herniation at L4-L5 and a smaller disc herniation at L3-L4. An MRI of the lumbar spine interpreted by Dr. dated 04/19/01 revealed a continued disc herniation at L4-L5 and L3-L4. On 12/29/05, Dr. requested a home exercise program. On 03/10/06, Dr. recommended an updated MRI and a possible neurosurgical evaluation. On 03/23/06, Dr. requested a chronic pain management program. On 05/23/06, Dr. performed spinal adjustments. On 05/25/06, Dr. discontinued Ibuprofen, continued Tylenol, and prescribed Celebrex. On 06/20/06, Mr. requested a chronic pain management program. On 06/29/06, Dr. Dr., and Ms. also requested a pain management program. On 07/07/06, Dr. wrote a letter of non-certification for the pain management program. On 08/02/06, Dr. also wrote a letter of non-certification for three medication sessions, but certified three individual psychotherapy sessions. On 08/22/06, 11/15/06, and 12/20/06, Dr. performed spinal adjustment and interferential current. On 08/24/06, Dr. requested a Functional Capacity Evaluation (FCE) and a chronic pain management program. An FCE with Ms. on 11/13/06 indicated the claimant functioned at no ability to sedentary physical demand level. On 11/17/06, Dr. continued to request a pain management program. On 04/02/07, Dr. performed spinal adjustments and requested a home exercise program. On 04/05/07, Ms. requested 10 sessions of a pain management program. On 04/10/07, Dr. wrote a letter of non-certification for the pain management program. On 04/30/07, Ms. requested an appeal for the pain management program. On 05/07/07, Dr. wrote a letter of denial for the pain management program.

The patient sustained a work-related back injury. This was an injury resulting from lifting at work. She apparently had a large central posterior herniated nucleus pulposus at L4/L5 and a lesser protrusion at L3/L4, which was demonstrated on two consecutive MRI scans, most recently in April 2001. She has been under the care of a chiropractor, who apparently is her gatekeeper. Most recently she has been referred to a pain specialist who recommended interdisciplinary pain management. It should be mentioned she also has an EMG finding suggestive of a radiculopathy to the right at L5, which is concordant with her pain symptoms.

Medical records do not elaborate on the extent of prior therapy, surgical consultation, or spinal injections, if any. However, what is well documented is the fact that this patient has chronic and severe pain in the range of 8/10 to 9/10. She is on various pain medications but not narcotics. She has documentation of emerging depression and anxiety. She was apparently tried on Zoloft, but that was discontinued for reasons that are not in the medical record.

She was evaluated and referred for a ten-session chronic pain management program last year (2006), but this was denied by two consecutive Peer Review physicians.

She has had a complex and detailed behavioral assessment, which well documents her current residual deficits, both physical and psychological. Specifically she has a low FCE and evidence of depression and anxiety.

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

This patient has had chronic low back pain for an extended period of time . She has had some physical therapy, though the therapies that she has had are not well documented. Nevertheless, even if she had no therapy at this point in time, she is chronic and should have chronic pain management. She has emerging depression and anxiety, which she has had for some time. Even though she is not on psychotropic medication, the documentation of emotional distress is clearly in the medical record and an argument for chronic pain management. She has deconditioning as demonstrated on her FCE, and this is also evidence and indication for interdisciplinary pain management.

To summarize, the claimant has had back pain with documented herniated nucleus pulposus at L4/L5 and a radiculopathy to the right at L4/L5. She has deconditioning, psychological distress as manifested by depression and anxiety, and at this point in time is clearly a candidate for 10 sessions of chronic pain management, which would be considered reasonable and necessary.

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 AND KNOWLEDGE BASE
- 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)