



IMED, INC.

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IRO REVIEWER REPORT

DATE OF REVIEW: 07/10/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Ten (10) sessions chronic pain management.

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

Texas License and currently on TDI DWC ADL.
Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine and Rehabilitation
Academy of Disability Evaluating Physicians

REVIEW OUTCOME:

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

Overtured - Ten (10) sessions of chronic pain management is reasonable.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. M.D.
2. P.T.
3. M.D.
4. MRI of the lumbar spine, M.D.
5. M.D.
6. 10/22/01 –M.D.
7. 12/05/01 –M.D.
8. 12/26/01 –M.D.
9. 02/14/02 –M.D.
10. 03/06/02 – Benefit Review Conference report from PC.
11. 03/29/02 – MRI of the cervical spine, M.D.
12. 03/29/02 – MRI of the lumbar spine, M.D.
13. 04/19/02 –M.D.

14. 06/11/02 –M.D.
15. 06/27/02 –M.D.
16. 01/21/03 –M.D.
17. 03/04/03 –M.D.
18. 04/21/03 –M.D.
19. 05/10/03 –M.D.
20. 07/21/03 –M.D.
21. 07/31/03 –P.T.
22. 08/05/03 – Functional Capacity Evaluation.
23. 08/05/03 – Impairment rating evaluation,, M.D.
24. 08/22/03 –M.D.
25. 09/26/03 –M.D.
26. 10/07/03 –M.D.
27. 11/07/03 –D.O.
28. 12/03/03 –M.D.
29. 01/05/04 –D.O.
30. 02/19/04 –D.O.
31. 03/18/04 –D.O.
32. 05/27/04 –M.D.
33. 06/14/04 –M.D.
34. 02/27/06 – Physical Performance Evaluation, M.D.
35. 06/07/06 –Associates.
36. 08/09/06 – M.D.
37. 08/24/06 –Associates.
38. 12/27/06 – Physical Performance Evaluation
39. 02/27/07 –D.O.
40. 04/05/07 –Systems.
41. 05/01/07 –Systems.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

I have reviewed the medical records regarding the employee who was injured. Initial records from Dr. indicate that the employee was on a ladder lifting a machine weighing approximately 80 pounds when he slipped and landed on his right shoulder and neck. The employee was prescribed medication. The employee was then referred for physical therapy.

The employee was then referred to Dr.. It appears that MRI studies performed at that time were unremarkable. Dr. diagnosed L5-S1 disc bulge with strain and clinical right cervical radiculopathy and shoulder strain. The employee was referred for injection therapy.

The employee was then seen by Dr. on 02/14/02 with a diagnosis of cervical strain and radiculopathy. The recommendation was for EMG, MRI, and myelogram.

A cervical spine MRI revealed the suspected extruded disc at C6-C7. A lumbar MRI was normal.

The employee was seen by Dr. on 04/19/02, who recommended a myelogram.

The employee was then seen for a myelogram, which revealed a moderate 4 mm broad-based right paracentral disc protrusion at C6-C7 with disc material impinging on the thecal sac.

It appears the employee underwent a cervical fusion at C4-C5, which was preexisting.

The recommendation was to proceed with a fusion at C6-C7, and the surgery was performed in February, 2003.

The employee was felt to have reached clinical Maximum Medical Improvement (MMI) on 08/05/03 with a 20% impairment rating per Dr., which was agreed upon by the treating doctor, Dr.. The diagnosis was cervical and lumbar radiculopathy.

A repeat lumbar MRI was performed on 10/07/03, which revealed spondylosis at L3-L4 with moderate to severe left foraminal stenosis at L4-L5.

An EMG study was performed by Dr. on 12/03/03 indicating right L5 radiculopathy.

The employee was under the care of Dr., who recommended injections. A discogram was performed on 05/27/04 of the lumbar spine, which revealed severe pain on injection of the lower three interspaces. The claimant was diagnosed with Grade IV fissures at L3-L4 and L4-L5.

The employee was then seen by Dr. on 08/09/06, who noted that the employee continued to experience back pain and was taking medications.

The employee was referred for a pain management program in April, 2007, and two weeks was recommended for ten visits.

A psychological evaluation was performed on 05/01/07.

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

The employee has intractable cervical and lumbar pain secondary to internal discogenic pain and cervical fusion. The employee has already exhausted the primary and secondary levels of care. The employee is not a surgical candidate any longer. The employee remains on potentially abusive and addictive medications including Hydrocodone. There were records indicating chronic non-malignant pain with depression. *Official Disability Guidelines* would support a tertiary care program which is multidisciplinary and emphasizes functional restoration as a treatment plan with emphasis on return to work rather than simply providing physical therapy or counseling. Only a CARF accredited multidisciplinary pain program would be appropriate according to *Spine Treatment Guidelines*, and a ten session trial is not unreasonable and would be consistent with such a guideline.

If the decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, 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. *Official Disability Guidelines*
- B. *Spine Treatment Guidelines*