



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 07/20/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Twenty (20) sessions of 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 & Rehabilitation

REVIEW OUTCOME:

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

Partially Overturned – Ten (10) sessions of chronic pain management are approved.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 08/20/02-05/15/07 –Rehabilitation Centers.
2. 08/22/02 – M.D.
3. 09/10/02 –Imaging.
4. 10/25/02 –Imaging.
5. 11/22/02-08/13/06 –Orthopedics.
6. 12/11/02 –Imaging Center.
7. 07/11/06 – Designated Doctor Evaluation.
8. 07/24/06 – Physician Care & Diagnostics.
9. 08/04/06 –MRI, Inc.
10. 10/11/06-11/06/06 –Neurological Associates.
11. 12/12/06 – The Medical Center, PA.
12. 01/24/07 –Hospital operative report.
13. 03/22/07-04/23/07 –Management Consultants

14. 05/17/07 – Mental health evaluation.
15. 05/22/07 – Recovery Clinic
16. 06/21/07 – denials.
17. 07/02/07 – TDI instructions.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee was injured. The records reviewed indicate that the employee injured his lower back while unloading a truck. The employee was treated by a chiropractor and a medical doctor, Dr. for his lower back pain. A lumbar MRI revealed a 4 mm diffuse posterior herniated disc at L4-L5 with mass effect on the right L5 nerve root. The employee was referred to Dr. who diagnosed lumbar strain and disc herniation. Dr. recommended epidural steroid injections and EMG.

An epidural steroid injection was performed on 12/11/02.

The employee was placed at statutory Maximum Medical Improvement (MMI) on 08/10/04 with a 10% impairment rating.

The employee returned to see Dr. in July, 2006 with continued symptoms requiring medications. Dr. recommended a surgical intervention and recommended a myelogram and EMG.

The employee remained under the care of Dr. r for a treating doctor relationship.

An EMG revealed bilateral S1 radiculopathy according to Dr. on 07/24/06. The employee was referred for a lumbar laminectomy.

A myelogram was performed on 08/04/06 revealing a marked right facet hypertrophy at L4-L5 with a small right paracentral disc protrusion at L5-S1.

A Required Medical Evaluation (RME) by Dr. on 10/11/06 indicated that the employee would benefit from a spine surgery procedure after reviewing the MRI and myelogram.

Surgery was agreed upon by Dr..

Surgery was performed on 01/24/07 by Dr. at L4-L5 bilateral laminectomy.

The employee was under the care of Dr. for postoperative pain management including medications such as Duragesic and Hydrocodone.

A psychological evaluation was performed on 05/17/07. At that time, the employee was taking Norco, Lyrica, Cymbalta, and Ambien and had completed postoperative rehabilitation. The impression was depression and anxiety. The employee was felt to be a reasonable candidate for a pain management program, which was requested on 05/22/07.

An appeal letter was dictated on 06/18/07 by Dr.

Another letter was dictated by Dr. on 06/18/07.

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

Reviewing these records would indicate a diagnosis of post laminectomy syndrome. The employee's injury was in 2002. For whatever reason, he did not undergo surgery until early 2007.

The employee had obviously failed conservative management prior to surgery. He has failed to improve his symptoms even after surgery. The employee continues to take medications, which are potentially addictive and has evidence of depression.

It is reasonable for this employee to be referred for a pain management program based on failure of primary and secondary levels of care, and in light of the most recent psychological screen. However, a full four week, twenty session pain management is not reasonable at this time. There are issues regarding compliance and objective evidence of benefit that has to be met in order to complete this program, which is typically anywhere from four to six weeks. I would recommend ten sessions totaling two weeks to be approved according to the *Official Disability Guidelines* and *Spine Treatment Guidelines*. Further sessions in the pain management program would not be appropriate beyond ten sessions unless objective measures of benefit are met, as well as objective evidence of other goals in this program being met. These other goals should include a weaning off narcotics and beginning employment retraining. The purpose of this program should not be to simply address psychological treatments and group therapy sessions without addressing any reduction in the narcotics. Therefore, only ten sessions would be necessary at this time.

At the ten week of participation timeframe, an additional ten sessions should be addressed based on compliance and response to the goals of the program.

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. *Official Disability Guidelines*
- B. *Spine Treatment Guidelines*