

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

DATE OF REVIEW:

JULY 18, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management five times a week for four weeks = twenty sessions

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

MD Board Certified by the American Board of Anesthesiology with a specialty in Pain Management

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

Operative Note 02/01/07

Office note of Dr. 02/16/07, 04/13/07, 05/04/07

FCE testing 02/28/07

Operative note 03/22/07

Dr. (Designated Doctor and Impairment Evaluating Physician) Re-Evaluation 03/30/07

Dr. Rebuttal to Designated Doctor Evaluation on 01/16/07, 05/04/07

Dr. (DC) Pre-Auth request 05/11/07

FCE testing 05/14/07

Dr. Impairment Evaluation Response 05/16/07

Dr. Request for 20 sessions of Behavioral Chronic Pain Management Program 05/18/07
Dr. Letter of Medical Necessity 06/07/07
Non-Certification 06/12/07
Dr. Request for Reconsideration 06/13/07
Reconsideration 06/21/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male (heavy physical demand level) who suffered an injury to the lumbar spine, cervical spine and right shoulder. He underwent an L4-5 laminectomy and discectomy on 08/17/06 but continued to complain of low back pain and bilateral lower extremity pain despite conservative treatment including medications, physical therapy and epidural steroid injection. An MRI of the cervical spine reportedly showed extensive hypertrophic cervical spondylosis with severe canal stenosis compressing the cervical cord from C3-4 through C6-7 as well as multilevel bilateral neural foraminal stenosis, and an EMG/NCV reportedly confirmed a C5-6 nerve root radiculopathy. The claimant underwent two cervical epidural steroid injections with some improvement in symptoms but continued to complain of trapezius spasm and trigger point areas of tenderness. Diagnoses included cervical disc herniation and radiculitis, right shoulder rotator cuff syndrome, lumbar postlaminectomy syndrome, anxiety and depression. Functional capacity evaluations on 02/28/07 and 05/14/07 found the claimant capable of performing light physical demand level work. A request for behavioral chronic pain management program by Dr. on 05/18/07 noted that the claimant made minimal progress in individual counseling due to poor coping skills, anxiety, depression and pain complaints. It was noted that the claimant's Beck Depression Inventory score was mild to moderate and his Beck Anxiety Inventory score was moderate, representing gains made in both areas following psychotherapy. A request was made for authorization of twenty sessions of an outpatient chronic pain management program five times per week for four weeks.

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

The claimant is a with multiple sources of structural pathology. Areas of most severe structural pathology include the lumbar spine with a history of lumbar laminectomy and discectomy, the cervical spine with a history of disc herniation and spinal stenosis, and right rotator cuff syndrome. From the attending physician's submitted explanations, previous chronic pain management efforts have resulted in little progress due to poor coping skills, anxiety, depression and residual pain complaints. The Beck Depression Index indicates unresolved depression, which makes it difficult to achieve meaningful pain management in programs requiring patient compliance. In addition, significant structural elements requiring either surgical repair and/or invasive pain management make it difficult for chronic pain management efforts to be successful on an outpatient basis. Lastly, Official Disability Guidelines require evidence that the patient is not a candidate for surgery and structural repair when documented pathology exists. In addition, the claimant fails to exhibit the ability to find motivation for change based on his underlying depression, which does not show evidence of optimal treatment. Thus the Reviewer is in agreement with the previous insurance company denial and does not find the requested Chronic Pain Management to be medically 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 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
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates: Pain - Chronic Pain Programs; Chronic Pain Programs, Intensity; Chronic Pain Programs – Opioid Use
- 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)