



## REVIEWER'S REPORT

**DATE OF REVIEW:** 07/05/07

**IRO CASE #:**

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

Ten sessions of chronic interdisciplinary pain management.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Three-page report dated 04/25/03 offered by Dr.
2. Two-page report dated 06/12/07 authored by Dr.
3. Report from Healthcare dated 05/15/07 authored by, M.S.
4. Request for reconsideration of ten additional days of chronic pain management from Healthcare dated 06/05/07.
5. Physical Performance Evaluation report dated 05/03/07 from physical therapist. At that point, the injured employee was still participating in a chronic interdisciplinary pain program.
6. Report dated 12/14/06 from Dr..
7. Report dated 08/12/06 report authored by, M.S.
8. Initial Behavioral Medicine Evaluation dated 09/29/06 authored by, M.S. She recommended psychotherapy for depression, anxiety, and suicidal ideations. In an addendum report of 09/29/06, Ms. also recommended immediate referral for psychotropic medication consultation.

9. MRI scan report of 10/11/01 authored by Dr., which shows “fatty island in the center of the body of L3, posterior and central herniation of the L5/S1 of 3 mm, and anterior posterior dimension causing indentation of the anterior aspect of the thecal sac.”
10. MRI scan report of 05/21/03 authored by Dr., which shows “loss of normal signal, posterior central and paracentral disc protrusion at L4/L5 with thecal sac impingement and mild spinal canal narrowing, disc narrowing, loss of normal signal, mild posterior disc bulging extending laterally at L5/S1, mild left neural foraminal narrowing, 2.8 cm x 1.5 cm CSF density cyst within the thecal canal with scalloping of posterior margin of proximal sacrum, which appears to be a developmental variant; bilateral facet hypertrophy at L4/L5 and L5/S1, and mild spinal canal narrowing.”
11. Neurosurgical notes from Dr. from 01/15/02, 06/05/02, 08/02/02, and 11/08/02.
12. A three-page EMG report dated 02/19/04 from Dr. which found a left L5 and possibly S1 radiculopathy.
13. Myelogram report of 05/19/04 from Dr. who found defects at the L1/L2, L2/L3, L3/L4, and L4/L5 levels consistent with posterior disc herniation. There was disc space narrowing at the L5/S1 level consistent with degenerative joint disease.
14. CT scan report of 05/19/04 following the myelogram, which did show a vacuum disc phenomenon at the L5/S1 level with degenerative disc disease with left lateral disc herniation at the L4/L5 level and bulging at L2/L3 and L3/L4.
15. Procedure note of 05/19/04, which was an epidural steroid injection by Dr.
16. Discogram report of 08/23/04, which was negative at L1/L2, L2/L3, and L3/L4. This was performed by Dr.. The lower two levels were not evaluated.
17. Operative note of 04/19/06 from Dr. Procedure was a L4/L5 left decompressive lumbar laminectomy, L5/S1 decompressive lumbar laminectomy, and L5/S1 discectomy.
18. Note dated 07/27/06 from Dr..
19. Required Medical Examination dated 07/19/03 by Dr.. Diagnosis was chronic low back pain with known pre-existing lumbar spondylosis, exacerbation of pre-existing problem with left radicular problems, examination suggestive of chronic pain and functional overlay.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee is a female who reportedly injured her lower back when the cart she was pushing malfunctioned. Following that she reported lower back and left leg pain, which was ultimately evaluated with two MRI scans and a CT scan, a myelogram, discogram, and EMG study. She ultimately underwent a two-level decompression procedure at the L4/L5 and L5/S1 levels. She attended a chronic interdisciplinary pain program and, according to the notes from Health Systems, she completed twenty sessions of chronic pain management.

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

The injured employee has completed twenty sessions of chronic interdisciplinary pain management and should have attained the necessary skills to manage her symptomatology as an outpatient. There is certainly concern about previous comments made about functional overlay as well as about significant depression and anxiety with

suicidal ideations. These symptoms, if objectively verified on a clinical basis by way of a psychiatrist, may require additional outpatient psychiatric care and/or psychological counseling, but it is my opinion that she does not require additional chronic interdisciplinary pain management treatment.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)