



DATE OF REVIEW: 07/17/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Ten sessions of chronic interdisciplinary pain management.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board Certified in 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)

__X__ Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Lumbar spine x-ray reported on xx/xx/xx showing effusion from L1 to the sacrum authored by Dr.
2. Physical therapy notes from from 08/2/03 through 08/22/03.
3. Clinical records from 08/25/03 through 09/05/03.
4. Neurosurgical notes from Dr. The first note I have from him is dated 01/07/04. At that point in time he was recommending rehabilitation.
5. Notes from the Center from 01/12/04 through 03/09/04.
6. X-ray report dated 02/29/04 of the right knee following her fall. It was felt she might have a small avulsion fracture of the lateral tibial spine with possible small loose body.
7. 03/05/04 report from Dr. who was directing her rehabilitation.
8. On 04/02/04 Dr. felt she was at maximum medical improvement and assigned a 23% whole person impairment rating to her.
9. Dr. saw her again on 05/28/04 with continuation of medications.
10. Numerous notes from the.
11. Notes from vocational rehabilitation case manager beginning 06/18/04.
12. Initial comprehensive evaluation of 06/30/04 from Dr.
13. Another vocational case management report dated 07/14/04 authored by Mr.

14. CT scan of the lumbar spine dated 07/21/04 from Dr.
15. 08/11/04 report from.
16. 08/13/04 report from.
17. 08/18/04 report from Dr.
18. 08/31/04 report from Dr.
19. 09/29/04 report from as well as 08/28/04 from.
20. 11/11/04 report from Dr. He was recommending psychological counseling for the possibility of a dorsal column stimulator implant.
21. Notes from dated 11/10/04 through 11/29/04.
22. 12/10/04 report from Dr.
23. 01/07/05 report from D.
24. Report dated 01/11/05 from. Recommendations at that point in time were that because of symptoms of depression and anxiety as well as unsuccessful surgeries, she would benefit from individual psychotherapy sessions prior to a spinal cord stimulator being implanted.
25. 01/31/05 note from.
26. 02/07/05 note from Dr.
27. Management report dated 02/25/05 from.
28. 03/11/05 report from.
29. 04/12/05 report from.
30. 04/18/05 note from Dr. requesting chronic pain management program.
31. 05/16/05 note from Dr. who continued her on her medications.
32. Return to work evaluation by Dr. dated 05/17/05. He felt she was able to go back to work with restrictions at the sedentary level.
33. 06/11/05 note from.
34. Neurosurgical followup appointment of 06/14/05 with Dr. No physical examination was performed, but he questioned some loosening of hardware on x-rays and recommended a CT scan.
35. Evaluation of 07/27/05 from Dr.
36. 09/16/05 report from Dr. He indicated he would like the examinee to continue to consult with Dr. for chronic low back pain.
37. On 09/16/05 the injured employee underwent an evaluation at.
38. On 10/05/05 she saw Dr. who again was concerned about the stability of the hardware and the possibility of a pseudoarthrosis.
39. CT scan on 10/19/05 showed extensive degenerative changes, but there did not appear to be a pseudoarthrosis.
40. 10/25/05 report from Dr. who did a Peer Review.
41. 11/10/05 note from Dr. who did not feel that additional surgery was indicated.
42. 05/10/06 note from Dr. who recommended chronic pain management.
43. 05/16/06 note from Dr.
44. 05/19/06 note from by Dr.
45. 05/19/06 note from, counselor at.
46. 06/21/06 note from Dr.
47. 06/28/06 report from Dr. who performed an Independent Medical Examination and concluded the injured employee was 100% totally disabled.

48. Report from Dr. dated 06/29/06 who concluded that she was not 100% totally disabled but could work at a sedentary level.
49. X-ray report of 09/08/06 of the thoracolumbar spine demonstrating the hardware and extensive degenerative changes throughout the lower thoracic and lumbar spine, particularly at T10/T11 and T11/T12. There was a grade 1 spondylolisthesis of L4 on L5. This was read by Dr.
50. 09/13/06 note from Dr. as well as a 10/25/06 note from him.
51. Return to work evaluation dated 11/02/06 from Dr. who thought she could return to sedentary work with fifteen-minute breaks. He indicated she could answer the phone but was generally unable to work.
52. 12/13/06 note from Dr.
53. 04/04/07 report from Dr.
54. Notes from from the chronic pain program beginning 04/12/07. She was receiving counseling.
55. 04/12/07 note from Dr. who indicated that it would be reasonable for her to try a TENS unit and consider referral to a pain management position. It is not clear if Dr. was aware that she had been seeing pain management physicians for quite some time already.
56. 05/02/07 note from Dr.
57. 05/09/07 note from, Ph.D.
58. 06/01/07 note from, L.P.C.
59. 06/04/07 note from, Ph.D.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is now a female who was employed as a nurse when she reportedly injured her lower back lifting a patient on xx/xx/xx. From there she went on to have three surgeries on 07/19/00, 07/31/02, and 07/17/03. She is fused from T12 to the sacrum with imaging studies showing extensive degenerative changes throughout the lower thoracic and lumbar spine. She has undergone physical therapy in the past as well as some counseling. She has been on numerous medications. She has had numerous imaging studies. It has been determined that she has been at maximum medical improvement for several years now. Notations commented on above suggest that there are elements of depression and anxiety, which have fluctuated in severity over the years. There have also been issues with respect to her noncompliance with respect to attempts at vocational rehabilitation. There have been little contemporary physical examination findings.

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

Although the injured employee does have some contraindications to a chronic interdisciplinary pain program, that being high levels of psychosocial distress with elements of significantly untreated depression and anxiety as well as a lack of motivation to participate in a return to work program, I feel that she may still benefit from a ten-day course of chronic behavioral pain management program. I think that part of the problem for this injured employee is that she is receiving mixed reports from various physicians. She has seen numerous doctors, some of whom have totally disabled her and others who have suggested she is able to work at a sedentary level. Some have discussed use of a

dorsal pump stimulator while others have discussed chronic pain management in the midst of a chronic pain management program, which would appear to be somewhat confusing. What is clear is that she is at maximum medical improvement and is not a surgical candidate for repeat operation. It is also clear that she has reason for back pain, having had three back surgeries and the extensive degenerative changes that are present. I think there is a potential for her to benefit from a chronic behavioral pain management program for ten sessions to try to get a better understanding of the anxiety and depression issues, pain management strategies such as the TENS unit recommended by Dr., therapeutic exercises at home, and pharmacological interaction. She has been on an extensive array of medications in the past, many of which have been determined by prior Peer Review to be of unsubstantiated value. Other examiners have found that her use of pain medication was too low and needed to be adjusted. I think, given this constellation of confusion, this injured employee has the potential to benefit from the ten-day session. Therefore, I recommend this course of care.

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.)