



DATE OF REVIEW: 07/18/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Ten more sessions of chronic interdisciplinary pain management.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., board certified in Physical Medicine and Rehabilitation as well as 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. 03/22/07 report from Psy.D.
2. 04/12/07 report from M.S., C.R.C.
3. 04/12/07 report from Dr. M.D.
4. Peer Review Report dated 04/22/07 authored by Dr, chiropractor
5. Daily progress notes from the interdisciplinary pain program at which commenced on 04/30/07 and proceeded for ten sessions.
6. Interdisciplinary Case Conference notes generated from those visits.
7. Followup note from Dr. dated 05/03/07 and L.P.C. dated 05/03/07 and 05/04/07
8. 05/09/07 report from Psy.D.
9. Interdisciplinary Case Conference report of 05/10/07
10. Interdisciplinary Case Conference report of 05/17/07
11. Request for EMG/NCV study of the bilateral lower extremities performed by Dr. chiropractor, in a letter of 05/17/07
12. 05/22/07 report from Psy.D.
13. Report from Ph.D. dated 06/8/07
14. Report from attorney dated 07/13/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a female who slipped and fell while working as a surgical technician with subsequent development of lower back pain. She was evaluated by an extensive array of physicians, which also included numerous diagnostic tests. The MRI scans and discograms suggested degenerative disc disease in the lower two lumbar levels with some facet joint arthritis. She was deemed by several surgeons not to be a surgical candidate. She was considered to be at maximum medical improvement by Dr. on 06/16/06. She has had chiropractic care and physical therapy. She apparently has some premorbid psychological issues, which manifested themselves following her fall. She has had fairly high scores on anxiety and depression following her event at work. She has had no defined diagnosis other than degenerative changes in the lumbar spine. She was not felt to have an internal disc disruption. She had no disc herniation and no evidence of nerve root compression. There were some questions about her motivation based on comments made to doctors that she would have to get a job since her benefits might be cut back at one point in time. She left her last job voluntarily. She had a Functional Capacity Evaluation on 03/09/07 indicating that she can lift 40 pounds from knee-to-waist, 35 pounds from waist-to-shoulder, and carry 25 pounds for 50 feet with occasional pushing and pulling for 50 feet of 70 pounds.

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

In spite of the analysis of the physicians and clinicians at Rehabilitation Institute as it relates specifically to her treatment there, it would appear as though her pain levels were initially anywhere from 5/10 to 7/10 and on the last session were 5/10. There were comments made with respect to her body mechanics being fair throughout. At the end of the tenth sessions, she was lifting less than she was during the Functional Capacity Evaluation that preceded that. There had been some improvement with regards to anxiety and depression, but clearly that aspect of her clinical situation did not require chronic interdisciplinary pain program but could have been attained through a standard one-on-one counseling approach.

In addition to the above, it is my opinion that lacking a significant diagnostic entity and in light of the extensive treatment to date, and for the reasons discussed above, she does not qualify for an additional ten days of chronic interdisciplinary pain management.

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.)