

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: JULY 17, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program times ten sessions

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

MD Board Certified in Physical Medicine and Rehab and specialized 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

IRO Case Assignment from TDI (6/20/07)

Denial Letters from the URA (4/26/07 and 5/24/07)

Carrier Correspondence (6/19/07)

Medical Records (April 2007)

Medical Records (1998 through March 2007)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who presented with chronic back and leg pain. He was injured in the workplace on xx/xx/xx when picking up a box of records and developed bilateral back and leg pain. The claimant treated with, M.D. an orthopedic surgeon, for the

diagnosis of a herniated disc at L3-4, L4-5 and L5-S1. He was initially treated conservatively with a muscle stimulator and medications and returned to work in September 1998 on light duty with a lifting restriction of 30 pounds or less. The claimant was felt to be at maximal medical improvement by 12/21/98 with a 13 percent whole body disability rating.

Dr. felt that intra-discal electrode therapy would be helpful and this procedure was done at L3-4, L4-5 and L5-S1 on 04/06/00. He was sent back to work on 05/23/00 in a light duty position but continued to complain of pain in his back radiating to the groin areas. He was treated with the following medications, Vicodin, Soma, Ben Zanaflex, Mobic and a muscle stimulator. He initially saw Dr. for medication refills every four months and then as of July 2004 every six months.

Dr. note of 03/26/07 indicates that the claimant continues to require Celebrex on a daily basis and occasional Vicodin. As he was a nonsurgical candidate Dr. felt that the claimant should be referred to pain management. He was then seen on 04/06/07 at Systems for an evaluation by LP-C. During this evaluation it was noted that the claimant was not working. He took Vicodin twice a day and Celebrex 200 mg once a week. His pain intensity was described as 3 out of 10, 100 percent of the time and he was restricted for playing basketball and running. This evaluation further indicated that stress, tension and work influenced the pain and he had decreased finances, limited recreation and no basketball or running. He had not learned how to effectively cope with and tolerate his pain and was dependent on medication. He noted his positive coping strategies were rest and that medication was his maladaptive coping strategy. His sleep was disrupted getting four to five hours per night and feeling fatigued. He was given the Beck Anxiety Inventory indicating minimal anxiety and the Beck Depression Inventory indicating minimal depression. He showed normal behavior and affect. He was identified as having a chronic pain syndrome, difficulty dealing with negative emotions appropriately, however, this is not documented, distorted beliefs about the relationship between pain disability which was also not documented, inadequate coping skills to manage emotional stress related to the work injury also not documented, significant period of disability is well documented and symptoms of depression and anxiety are not documented. The evaluator recommended a behaviorally cognitively oriented pain management program with the goal of decreasing medication patterns, monitoring depressive symptoms and increasing sleep. Long term goals were decreased medication use and improved sleeping pattern.

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

There are numerous issues with this case. There is no documentation that this claimant has a chronic pain syndrome. He has pain that is consistent with his known structural injury and that pain is self described as mild to moderate (3 out of 10). This would not qualify for the accepted definition of a chronic pain syndrome given the fact that this man's discomfort is consistent with his known condition and is not greater than would be expected. In addition, there is no evidence of depression, anxiety or maladaptive behavior. His opiate use is actually very minimal and is appropriate for his condition. Therefore, this gentleman does not appear to have behavioral issues of any significant magnitude which would benefit from a behaviorally oriented chronic pain program.

Additionally, in looking at the guidelines for the use of multidisciplinary pain management programs, the Official Disability Guidelines indicate that an adequate and thorough evaluation is required which does not appear to be the case. The evaluation by Billy Stone LP-C seems to be a generic evaluation which would apply to almost any claimant and does not address the individual aspects of Mr. In addition, "previous methods of treating the chronic pain have been unsuccessful". This is not the case. He has had only a few limited treatments which have had some success and allowed him to function in the workplace. There are many other conventional treatments that have not been tried. "The claimant has a significant loss of ability to function independently resulting from the chronic pain". He is limited in some activities such as sports and doing heavy work but he appears to be functioning reasonably well in his overall daily living. Therefore, the criteria for appropriateness of chronic pain program have not been met and the decision is to uphold the previous denials.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates: Pain - Chronic Pain Programs; Chronic Pain Programs, Intensity; Chronic Pain Programs – Opioid Use (see Guidelines section above).

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
- 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)