

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 06/21/07

**IRO CASE #:**

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

Ten sessions of interdisciplinary pain management.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine, Rehabilitation, and 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:**

Extensive medical records were provided for my review today, which included:

1. Notice of URA findings 04/30/2007
2. Notice of URA findings 05/07/2007
3. A 04/24/2007 review by psychologist. as well as a separate letter from this same individual dated 04/27/2007
4. Records from chiropractor that appeared to commence the date of the injured employee's work incident. He then proceeded to see her on numerous occasions, each accompanied with various notes. Dates of notations that I have reviewed include 11/22, 11/23, 11/24, 11/29, 11/30/04, 12/01/04/, 12/02, 12/03, 12/04, 12/06, 12/07, 12/08, 12/09, 12/10, 12/11, 12/13, 12/14, 12/15, 12/16, 12/17, 12/18, 12/20, 12/21, 12/23, 12/27, 01/03/05, 01/05, 01/07, 01/10, 01/12, 01/14, 01/17, 01/18, 01/21, 01/24, 01/26, 01/28, 01/31/05, 02/02, 02/04, 02/07, 02/09, 02/11, 02/14, 02/16, 02/18, 02/21, 02/24, 02/25, 02/28, 03/01, 03/03, 03/04, 03/07, 03/08, 03/10, 03/11, 03/14, 03/15, 03/17, 03/18, 03/21, 03/22, and 03/24/2005.

5. Handwritten notes from treating doctor, appears to be fixed by signature dated 07/19, 07/20, 07/21, 07/22, 07/25, 07/26, 07/27, 07/28, 08/01, 08/03, 08/04, 08/08, 08/10, 08/11, 08/16, 08/18, 08/22/2005.
6. Reports from evaluation center dated 01/03/2005, 06/03/2005, 11/03/2005, and 07/13/2006. The final report from that doctor was 12/11/2006.
7. Procedure notes pertaining to a right sacroiliac joint injection on 02/23/2005.
8. Right sacroiliac joint injection
9. Right piriformis muscle injection
10. Procedure note pertaining to right hip manipulation and greater trochanteric bursal cortisone injection on 07/25/2006
11. Reports from orthopedic surgeon, (lumbar epidural steroid injection), (right greater trochanteric injection), 11/28/2005, 06/24/2006, 07/25/2006 (right hip manipulation with right greater trochanteric injection), 08/07/2006, and 09/25/2006
12. Office notes including notes dated 10/26, 11/16, 12/21/2004, 01/18, 02/15, 03/22, 04/19, 05/17, 06/21, 07/19, and 08/09/2005
13. Results of two Independent Medical Examinations, the first one and the second one
14. Imaging results as follows: MRI scan of the right hip, “unremarkable”; 11/11/2004 MRI report of the lumbar spine showing “mild disc bulge at L4/L5 associated with slight foraminal stenosis and partial desiccation of the disc material, slight desiccation of the disc material at L5/S1”; EMG report of 12/21/2004 of the low back and bilateral lower extremities; x-ray of the right hip on 10/24/2005 showing “mild osteoarthritis seen in the right hip joint space with slight joint space narrowing and marginal osteophytic reaction, no fracture seen.”
15. 11/24/2004 report from neurosurgeon
16. Notes from chiropractor; Injured employee seen on numerous occasions, but I reviewed his notes of 05/06, 05/09, 05/10, 05/12, 05/13, 05/16, 05/17, 05/18, 05/20, 05/23, 05/24, 05/26, 05/31, 06/01, 06/03, 06/06, 06/07, 06/09, 06/13, 06/14, 06/17, 06/20, 06/21, 06/23, 06/27, 06/28, 07/01, 07/05, 07/06, 07/08, 07/11, 07/13, 07/15, 08/23, 08/26, 09/30, 10/07, and 11/18/2005
17. Functional Capacity Evaluation
18. Notes from 03/08, 04/21, 05/11, 06/02/2006 including another Functional Capacity Evaluation of 06/26/2006
19. Notes from 09/25/2006, 01/15/2007, 04/06/2007, and 04/24/2007
20. Notes from pain management treatment including team conference summaries beginning 02/04/2005 including 02/11, 03/04, 03/11, 03/18, 05/13, 05/20, 05/27, 06/03, 06/10, 07/23, 07/29, 08/05, 08/12, and 08/19/2005
21. Extensive notes from pain management treatment, one lengthy report that bears no date, and reports from 01/24/2005, 01/31, 02/02, 02/07, 02/21, 03/01, 03/07, 03/14, 04/20, 05/10, 05/17, 05/23, 06/01, 06/06/2005

22. Notes from pain management treatment relative to comprehensive interdisciplinary treatments on 07/18, 07/19, 07/20, 07/21, 07/22, 07/25, 07/26, 07/27, 07/28/2005
23. Request dated 07/28/2005 for additional multidisciplinary chronic pain management, her having complete ten out ten sessions at that point in time
24. Additional progress notes pertaining to the chronic interdisciplinary pain program and including 08/03, 08/04, 08/08, 08/10, 08/11, 08/16, 08/18, 08/22/2005
25. A 04/24/2007 assessment from
26. A 05/02/2007 appeal request

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

The injured employee is a lady who was involved with an incident at work where she and coworkers were trying to restrain a client using a gait belt when the client fought and pulled, causing the injured employee to complain of pain in her right hip and into her right knee. This was later felt to be a right greater trochanteric bursitis as well as arthritis of the right hip with some lumbar stenosis but no compressive disc herniation or abnormalities noted on EMG study. She has had extensive chiropractic care and physical examination as well as numerous sessions of counseling as well as having been engaged in at least ten chronic interdisciplinary pain management sessions. She has been seen by a neurosurgeon, an orthopedic surgeon, and occupational medicine physician, two chiropractors, a counselor, and a pain management physician. She has had epidural steroid injection and right hip injection with manipulation. She has had her right sacroiliac joint injected twice. She was deemed to be at maximum medical improvement by Dr., and an impairment rating was assigned on 12/11/06.

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

The injured employee has had extensive diagnostic and therapeutic intervention to date, none of which has significantly impacted her pain complaints. There is concern about her effort on the Functional Capacity Evaluation note in the second report dated 09/26/2006. No surgical condition was found by any of the orthopedic surgeons involved. She has had adequate exposure to conservative strategies and strategies designed to help her cope with her symptomatology, which by all accounts has been difficult to objectively verify in any meaningful fashion. Additional therapeutic intervention by way of a chronic interdisciplinary pain program is not supported. She would appear to have some psychological issues by way of depression and anxiety that can be dealt with outside of a chronic interdisciplinary pain program.

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

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**INDEPENDENT REVIEW INCORPORATED**

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*(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.)

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