



PROFESSIONAL ASSOCIATES

DATE OF REVIEW: 06/06/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 sessions of chronic pain management

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

Board Certified in Anesthesiology

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

A note of dispute from an unknown provider (no name or signature was available) dated 10/24/06

Letters of denial from unknown physicians (signatures were illegible) at dated 01/18/07, 02/27/07, 03/27/07, and 05/11/07

An undated Required Medical Evaluation (RME) with, M.D.

A mental health evaluation with, M.Ed., L.P.C. and, M.D. dated 04/17/07
A preauthorization request from Dr. dated 04/20/07
Letters of denial from dated 04/25/07 and 05/10/07
A DWC-73 form from Dr. dated 04/26/07
A request for reconsideration letter from Dr. dated 05/02/07
A letter of denial from, M.D. at dated 05/17/07
A letter of appeal from Dr. dated 05/21/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 10/24/06, there was a dispute of the lumbar spine. On 01/18/07, there was an approval by an unknown provider for a lumbar epidural steroid injection (ESI). On 02/27/07, there was a denial for physical therapy three times a week for four weeks. On 03/27/07, there was a denial for further physical therapy. On 04/17/07, Ms. and Dr. requested 20 sessions of a chronic pain management program. On 04/25/07 and 05/10/07, wrote letters of denial for the pain management program. On 05/02/07, Dr. wrote a request for reconsideration letter for the pain management program. On 05/17/07, Dr. wrote another letter of denial for the pain management program. On 05/21/07, Dr. wrote a letter of appeal.

This claimant was allegedly injured on xx/xx/xx when she lifted milk crates and developed lumbar pain. She was approved for a lumbar epidural steroid injection on 01/18/07 but denied twelve sessions of physical therapy as post-injection treatment. The claimant allegedly had 85% to 90% improvement following the epidural steroid injection.

An Independent Medical Evaluation performed by Dr. documented the claimant's lumbar pain radiating into the LEFT leg with numbness. Dr. documented that the claimant had an MRI scan on 11/16/06, demonstrating essentially global lateral recess and foraminal stenosis throughout the lumbar spine related to facet hypertrophy and disc bulges.

An EMG study was then performed on 12/12/06 demonstrating findings consistent with RIGHT L5 radiculopathy. Dr. physical exam documented normal symmetrical reflexes, nonfocal generalized weakness in the lower extremities, and no radicular pain with straight leg raising.

On 04/17/07, L.P.C. performed a mental health evaluation to determine whether the claimant should be admitted to a chronic pain management program. That evaluation was "based primarily on self-reported answers and is meant as an adjunct" to other assessments. In that evaluation, Ms. documented that the claimant was using Vicodin, Soma, Motrin, and Cymbalta and that she had been treated with physical therapy, medication, and chiropractic treatment. The claimant rated her pain level as 2/5. Beck Depression Inventory and Beck Anxiety Inventory results demonstrated the claimant scored within a "mild range." Ms. then recommended that the claimant attend the chronic pain management program where Ms. Turboff was employed.

Dr. then requested twenty sessions of a chronic pain management program on 04/20/07. The initial physician reviewer did not recommend approval of that program based upon the claimant's BDI and BAI scores falling within the mild range and the lack of clinical records reflecting psychological barriers to recovery.

Dr. then requested reconsideration of his request for twenty sessions of a chronic pain management program. That reconsideration letter, which I have reviewed, is essentially a repetition of the prior rationale for the request almost word-for-word. No new medical information was provided in that reconsideration request.

A second adviser then reviewed the claim, also recommending that it not be approved based upon no evidence of the claimant trying sufficient psychological intervention or exhausting lower levels of care. Furthermore, the reviewer stated that the request exceeded ODG Guidelines, which advised only ten days of treatment in a chronic pain management program as an initial attempt.

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

This claimant is clearly not an appropriate candidate for a chronic pain management program. There is, in fact, no valid medical documentation indicating that she has psychological barriers to recovery nor evidence of significant psychological distress. Her BDI and BAI scores both fall within the mild range. Additionally, the claimant's subjective complaint of LEFT leg pain is clearly not supported by the objective studies performed, especially the EMG study. Finally, it is abundantly clear that the MRI evidence is of pre-existing multilevel degenerative disc disease and secondary spinal stenosis, both of which are ordinary disease of life, not unexpected in a claimant of this age. There is no objective evidence of damage, injury or harm to any part of the claimant's body as a result of the lumbar strain event, and aggravation of that clearly pre-existing underlying condition. Therefore, for all of the reasons above, the requested twenty sessions of a chronic pain management program is not reasonable and necessary as related to the original work injury of xx/xx/xx.

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 AND KNOWLEDGE BASE
- 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)