

DATE OF REVIEW:

06/25/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of chronic pain management (97799).

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

A Board Certified

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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.

The medical necessity for the application of chronic pain management as requested is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 06/12/07
- MCMC Referral dated 06/12/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 06/12/07
- DWC: Notice To Utilization Review Agent of Assignment dated 06/12/07
- LHL009: Request For a Review By An Independent Review Organization dated 05/30/07
- Medical Dispute Resolution dated 05/29/07 from, D.C.
- Letter dated 04/26/07 from, D.C.
- Pre-Authorization Requests dated 04/19/07, 04/09/07
- Reconsideration dated 04/18/07 from, D.C.
- Letter dated 04/13/07 from, M.D.
- Form For Requesting a Review By An Independent Review Organization dated 04/04/07
- Behavioral Health Evaluation dated 03/20/07, MA, LPC
- Physical Performance Evaluation dated 03/09/07 from, D.C.

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a female who was allegedly involved in an occupational injury reportedly occurring on xx/xx/xx. The history reveals that she fell in a seated position injuring her low back. She presented to the office of the attending physician (AP) complaining of pain in the low back as well as pain in the lower extremities. She participated in a



course of chiropractic management as well as injections and therapy. Lumbar MRI examination dated xx/xx/xx revealed worsening of the disc bulges. Electrodiagnostic evaluation dated 10/14/2005 revealed radiculopathy of the L5 nerve root. A lumbar fusion was performed on 04/07/2006. The injured individual has also had infections as a complication to her surgical procedures. A behavior assessment dated 03/20/2007 opined that the injured individual exhibited signs of depression and anxiety and opined that a course of chronic pain management was necessary. A physical performance evaluation dated 03/09/2007 indicated physical limitations exhibited by decreased ranges of motion, decreased lifting abilities and positive orthopedic testing.

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

The documentation fails to establish the medical necessity for the application of the requested course of chronic pain management. Specifically, it is not obvious that all lower forms of care have been attempted and/or documented. Although the documentation establishes that the injured individual exhibits signs and symptoms of depression and anxiety, there is no documentation to suggest that the injured individual has been administered individual psychotherapy of standard behavioral treatment outside of the confines of an upper level tertiary program. Similarly, there is no documented trial of antidepressants such as SSRIs. The documentation does establish that the injured individual has participated in medication management including Valium. However Valium is an anti-anxiety medication and has no specific application for the treatment of depression. It is also used for skeletal muscle spasms and the documentation makes no specific distinction as to the intended usage in this particular application. Moreover, the documentation makes no specific indications as to the length of administration of the anti-anxiety medication listed above. A minimal trial would be at least 60 days.

Lastly, the documentation reveals some factors which the Official Disability Guidelines considers negative predictors of success including opioid usage, protracted length of disability, high levels of pain and high levels of pre-treatment depression.

Given the arguments raised in the above discussion, the medical necessity of the requested course of care is not established.

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**
- **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**