



IRO REPORT

DATE OF REVIEW: 6/4/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied request for ten sessions of a chronic behavioral pain management program.

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

Texas Licensed Pain Management/Anesthesiology Physician.

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)

The previously denied request for 10 sessions of a chronic behavioral pain management program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheet dated 5/29/07, 1 page.
- Notice to Inc. of Case Assignment dated 5/29/07, 1 page.
- Notice of Assignment of Independent Review Organization dated 5/29/07, 1 page.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 5/15/07, 4 pages.
- Request for a Review by an Independent Review Organization dated 5/14/07, 2 pages.
- Letter dated 5/31/07, 2 pages.
- Determination Notification Letter dated 4/19/07, 3/23/07, 8 pages.

- **Authorization Request dated 6/4/07, 1 page.**
- **Evaluation Report dated 3/7/07, 6 pages.**
- **Provider/Facility/Pharmacy/Suppliers List (unspecified date).**

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Female

Date of Injury:

Mechanism of injury: Lifting type injury.

Diagnoses:

Chronic low back pain; status-post lumbar fusion, levels L4-5 and L5-S1 with subsequent removal of instrumentation; chronic pain management.

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

A review of the information submitted indicated that this claimant had a work-related injury involving the lumbar spine. Subsequent to the injury, the claimant underwent a surgical intervention in the form of lumbar fusion at levels L4-5 and L5-1. Due to continued low back pain complaints, the patient underwent lumbar spine exploration with removal of instrumentation and re-fusion. Reportedly, from the follow-up note dated 1/25/07, the claimant continued with reports of severe muscle spasm causing a decrease in range of motion and acute low back pain. A CT scan was subsequently ordered, which reportedly revealed no evidence to suggest recurrent disk pathology and/or no acute change. In addition, a lumbar MRI was performed (no dates specified) which revealed reportedly no surgical changes at L4-5 and L5-S1 levels with no evidence of disk herniation or spinal stenosis. Following this, the patient was placed in a work hardening program, but was unable to complete the work hardening (no reason specified). Her medication management consisted of Voltaren, Celebrex, and Darvocet. The claimant reported her current pain level at 5 on a scale of 1 to 10 with 10 being the worse pain. The patient described her pain as constant, burning, sharp, shooting, stabbing, and throbbing. In spite of multi-modality conservative treatment, the surgical intervention and postoperative rehabilitation, the patient continued to experience severe bouts of low back pain. In addition, she also suffered from significant anxiety and showing clinical features of reactive depression, and remained unable to cope with the pain and disability, unable to function, unable to deal with stress, insomnia, and unable to perform activities of daily living (ADL) without discomfort. The treating physician is requesting a functional restoration program so that she can return to a gainful suitable occupation. This patient is an appropriate candidate for a chronic behavioral pain management for the following reasons:

1. Failure of surgical intervention.
2. Failure of multi-modality conservative treatment.
3. Inability to maintain activities of daily living.
4. Inability to pursue occupational abilities.
5. Significant anxiety/depression with inability to deal with the chronic pain.
6. The patient exhibits motivation and is willing to forego secondary gains, including disability payments to effect this change.

7. The patient is young and requires treatment with all appropriate measures in order to achieve functional restoration in order to facilitate return to being gainfully employed in her pre-injury customary occupation.

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

X ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.

ACOEM Guidelines, 2nd Edition, Chapter 6.

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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
Official Disability Guidelines, Treatment Index, 5th Edition, 2006/2007, Under Pain Section-Chronic Pain programs.

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.

TEXAS TACADA GUIDELINES.

TMF SCREENING CRITERIA MANUAL.

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

Article entitled “Co-existing Psychological Factors,” by Beleg, et. al., Practical Pain Management, September/October, Volume 4, Issue 5.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee’s employer, the injured employee’s insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
