

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 03/13/07

**IRO CASE #:**

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

Two weeks of outpatient chronic pain management, 5 times a week for 2 weeks, with regards to the lumbar spine.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., Board Certified, 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:**

1. Notes dated 01/24/07 and 02/14/07 as well as associated letters pertaining to those reports
2. Notes from 03/31/03 through 12/09/03
3. Physical therapy notes from 04/14/03 through 05/01/03 with a discharge summary note from the physical therapy department on 05/01/03; at that time he was independent with the home exercise program
4. MRI scan report of 05/15/03 of the lumbar spine, which was read as being normal
5. Neurologist's note on 12/04/03, evaluation and recommendation of EMG study, which was performed on 01/13/04, reporting finding of right L5 radiculopathy with a generalized peripheral polyneuropathy
6. Procedure notes from lumbar epidural steroid injections on 01/30/04, 03/08/04, and 04/15/04
7. Repeat MRI scan of the lumbar spine on 04/05/04, which was read as being normal
8. Independent Medical Evaluation on 05/04/04 by orthopedic surgeon who found nonspecific low back pain without radiculopathy
9. Neurologist's progress notes from 05/20/04 through 09/10/04

10. Physical therapy notes beginning 06/01/04 through 06/10/04 and again from 07/13/04 through 07/26/04, and the discharge summary on 07/26/04
11. Numerous notes from the chiropractor
12. Numerous progress notes through 07/11/05
13. Radiology report of the lumbar spine dated 09/20/04 including flexion and extension studies, which were all within normal limits with the exception of some minimal degenerative facet joint changes in the lower lumbar spine
14. An EMG study by the chiropractor on 09/24/04, that reported showed a left L4/L5 radiculopathy, bilateral S1 radiculopathy, and left tibial motor neuropathy, which was quite different from the EMG study by neurologist. (I do not believe that both of these could be accurate.)
15. A report dated 10/12/04
16. Notes beginning on 01/25/06 through 10/18/06
17. A report dated 04/04/05 showing concerns for symptoms magnification with deconditioning
18. Notes from chiropractor dated 01/19/06
19. Notes from 04/05/06
20. Several functional capacity evaluations beginning on 04/04/06 where he was found to have poor fitness and symptoms exaggeration; another functional capacity evaluation on 05/08/06 by chiropractor; a functional capacity evaluation on 07/21/06, which lacked any validation data, another functional capacity evaluation on 10/20/06, which was found to be valid, a functional capacity evaluation dated 12/11/06, and a final functional capacity evaluation on 01/12/07 which showed poor effort with poor relying validity
21. Psychotherapy notes on 05/31/06 through 06/21/06, consisting of 4 sessions
22. Required medical examination report of 07/31/06
23. Report dated 08/29/06 which makes reference to a discogram and post-discogram CT scan failing to provide any anatomic diagnosis
24. Notes consisting of chronic pain daily progress notes both involving psychotherapy and work hardening from 12/04/06 through 01/11/07

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

On the injured employee was transporting a patient in a wheelchair and was lifting him up over a hump in the parking lot when he felt lower back pain. He went on to have extensive chiropractic care and physical therapy, 2 negative MRI scans, and 2 EMG studies with somewhat differing results. He has had numerous functional capacity evaluations where he has had psychotherapy sessions. He has had 3 lumbar epidural steroid injections. He apparently has had a discogram and post-discogram CT scan, which was nonanatomic in its findings.

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

The injured employee is male with chronic low back complaints with very little in the way of objective findings. He has had 2 negative MRI scans, a negative discogram, and post-discogram CT scan. He has had 2 EMG studies, which are quite opposite in findings. As I look at the data from both, it would appear to me that Dr. data is more reliable for clinical correlation in this case. He apparently has not responded to physical therapy as well as lumbar epidural steroid injections. The notes reviewed suggest symptom magnification and lack of full effort and questionable validity of at least several of the functional capacity evaluations.

I believe he has been exposed to all reasonable attempts to mitigate his symptomatology, and there does not appear to be support for a chronic daily outpatient pain management program, which would basically duplicate, in large part, efforts that have already been attempted and found to have been unsuccessful, at least on a subjective basis, in managing his symptomatology.

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

*(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.)