# REVIEWER'S REPORT

**DATE OF REVIEW:** 03/08/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**:
Chronic behavioral pain management program times 10 sessions.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**
D.O., ABA, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Management, DWC Approved Doctor List Level 2, active license in State of Texas

**REVIEW OUTCOME:**
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

__X___Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Chronic behavioral pain management program times 10 sessions is not medically reasonable or necessary as related to the work injury allegedly suffered by this claimant.

**INFORMATION PROVIDED FOR REVIEW:**
1. Medical records of the treating doctor
2. Medical records of the orthopedic surgeon dated 06/14/01
3. Medical records of Dr. dated 08/14/06 through 01/26/07
4. Physician adviser recommendations dated 12/29/06 and 01/18/07

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**
The original injury date is documented in the record. In that evaluation, the treating doctor, stated the claimant had reached maximum medical improvement as of that date with a 0% whole person impairment rating. He further stated that the claimant's symptoms had "resolved" as of that date and that she was dismissed to regular duties. The TD went on to state that the claimant had strained her lumbar spine and contused her right knee when she slipped on a wet surface and that she had responded to physical

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therapy with resolution of symptoms. On 06/18/01 an orthopedic surgeon performed meniscectomy and chondroplasty of the right knee arthroscopically.

On 08/14/06 the patient underwent right L3/L4, L4/L5 and L5/S1 radiofrequency facet denervation. The claimant's complaint of lumbar pain radiating to the right leg with a pain level of 2/10 was documented. No significant abnormalities were noted on physical examination nor any documentation of psychologic distress. On 12/07/06 a follow up note stated that the patient's pain had significantly increased in intensity but that her "sleep is adequate." Physical examination again documented no focal neurologic findings nor any mention of psychologic distress or psychologic findings. The physician recommended that the claimant be referred for a chronic pain management program.

The initial physician reviewer did not find medical reason or necessity for this claimant to attend a chronic pain management program. He pointed out that the claimant had already completed a full 4-week chronic pain management program in 2001 as well as a work hardening program. He also pointed out that the claimant had been deemed to reach maximum medical improvement with a 0% whole person impairment rating. The physician reviewer reviewed a functional capacity evaluation that allegedly showed no increase in heart rate, which he stated was "reflecting lack of effort."

Based upon the claimant having completed a full chronic pain management program in the past, and the lack of the claimant's use of what she learned in that program, the reviewer stated that the request is not medically reasonable or necessary. A reconsideration was then submitted and reviewed by a second physician reviewer. That reviewer also pointed out that the claimant had undergone a previous pain management program with "no evidence of having learned behavioral or exercise strategies for maintaining function." He found no medical reason or necessity for repeating a chronic pain management program. On 01/16/07 followed up with the claimant, noted the same pain complaints, now with a minimal pain level of 3/10. Physical examination again documented no significant findings nor any evidence of psychologic distress nor mention of psychologic distress.

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

This claimant has completed a full 4-week chronic pain management program in 2001. Regardless of what treatment or procedures were performed after that program, if any, those procedures would not, in any way, erase or negate the claimant's ability to utilize whatever tools and techniques were taught to her during the 4-week chronic pain management program. Therefore, there is no medical reason or necessity for repeating a chronic pain management program.

Moreover, there is no current medical documentation of this claimant's having any psychologic distress symptoms nor any medical evidence of psychologic illness. Physical examinations clearly reflect complete absence of any evidence of psychologic distress or manifestations of psychologic illness.

Therefore, absent any valid medical evidence of ongoing psychologic illness or distress requiring psychologic treatment, as well as the clear documentation of this claimant having undergone a full chronic pain management program in 2001, there is, quite simply, no medical reason, necessity, or justification for any further sessions of a chronic pain management program. Everything that was taught to the claimant in 2001 remains within her ability to utilize in the present. The tools and techniques taught by a chronic pain management program do not change over time, nor does a claimant's ability to utilize them decrease over time.

**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.
__X___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.
_____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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