



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of a chronic pain management program five times a week for four weeks

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

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

Evaluations with M.D. dated 05/11/06, 07/27/06, and 09/14/06
A musculoskeletal sonogram interpreted by M.D. dated 06/16/06
An EMG/NCV study interpreted by M.D. dated 06/16/06
Grip strength and range of motion testing with D.C. dated 06/27/06
Evaluations with M.D. dated 07/07/06, 08/09/06, and 11/22/06
An MRI of the left wrist interpreted by M.D. dated 07/24/06
A Functional Capacity Evaluation (FCE) with Dr. dated 09/07/06
A psychological evaluation with M.A., L.P.C. dated 01/02/07
A request letter from Ph.D. dated 01/02/07
A letter of adverse determination from R.N. dated 02/16/07
A request for reconsideration letter from D.C. dated 02/22/07
Another letter of adverse determination from R.N. dated 02/27/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 06/16/06, a musculoskeletal sonogram interpreted by Dr. was unremarkable. An EMG/NCV study interpreted by Dr. on 06/16/06 revealed evidence suggestive of possible left C7 radiculopathy and right S1 radiculopathy. An MRI of the left wrist interpreted by Dr. on 07/24/06 revealed a resection or resolution of a dorsal ganglion cyst from 2002. On 07/27/06, Dr. recommended the patient finish his work hardening program. An FCE with Dr. on 09/07/06 determined the patient could function at the medium physical demand level, but a work hardening program was requested. On 01/02/07, Ms. requested six sessions of individual therapy. On 01/02/07, Dr. also requested a 20-session chronic pain management program. On 02/16/07, Ms. wrote a letter of adverse determination for the pain management program. Dr. wrote a request for reconsideration of the pain management program. On 02/27/07, Mr. wrote a letter of adverse determination for the pain management program.

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

In order to be an appropriate candidate for a chronic pain management program, all reasonable medical treatment options and evaluations must have been exhausted. In this case, there has been virtually no treatment provided for the patient's ongoing lumbar and right leg complaints nor for his left wrist complaints. The patient continues to have lumbar and right lower extremity pain despite surgery, yet he has not even had an MRI scan performed to determine whether there is treatable organic pathology. The patient has not been tried on any medications other than muscle relaxants and Ibuprofen nor has he been evaluated with appropriate electrodiagnostic testing to include EMG studies. NCV study along is not sufficient for determining the presence or absence of

radiculopathy. In fact, the NCV study performed on this patient was said to be only “suggestive,” which is clearly not a diagnosis. Additionally, there is no medical evidence in the records provided of this patient having any psychological issues or manifestations of psychological illness or distress. In fact, the recommendation for this patient’s treatment was for individual psychotherapy, not a chronic pain management program. Therefore, since this patient has clearly not exhausted all appropriate medical treatment options and evaluation, has no valid medical evidence of psychological distress, psychological issues, or manifestations of psychological disease, and, in fact, was not even recommended for a chronic pain management program by the evaluation performed, there is no medical reasonable or necessity for 20 sessions of a chronic pain management program as related to his work injury. The patient needs appropriate medical evaluation and treatment for his ongoing pain. Absent any valid medical evidence of psychological issues, his continuing pain complaints should not be treated with a psychologically-based program, especially without adequate medical evaluation and treatment attempts first. The psychological evaluation performed on 01/02/07 itself did not even find any reason to recommend a chronic pain management program for this patient, instead recommending six individual sessions of psychotherapy. Therefore, the evaluating facility did not even think that a chronic pain management program was warranted, either.

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**

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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**