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IRO REVIEWER REPORT

DATE OF REVIEW: March 13, 2007

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Chronic pain management program x ten (10) sessions.

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

Texas License and currently on TDI DWC ADL.
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Denial upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. CT scan/discogram report dated XX/XX/98.
2. Operative report from Hospital dated xx/xx/98.
3. Physician office notes from the Center dated 11/04/05, 01/06/06, 03/03/06, 05/05/06, and 09/08/06.
4. Documentation from Healthcare dated 11/22/06.
5. Preauthorization requests/denials.

PATIENT CLINICAL HISTORY (SUMMARY):

The available medical records document that the employee sustained an injury in the workplace on when she attempted to lift a 25 pound bag of frozen chicken. The employee reportedly developed difficulty with low back pain.

The records document that a lumbar CT scan/discogram was obtained. This study evaluated only the L4-L5 disc. There was no documentation of a "control" disc. The study revealed that the L4-L5 disc was responsible for concordant pain.

As a result of this study, lumbar spine surgery was ultimately performed by Dr. Surgery consisted of a right lumbar laminectomy at the L4-L5 level, a left lumbar laminectomy at the L4-L5 level, and a posterior spinal fusion at the L4-L5 level with instrumentation. There were no postoperative complications documented.

The employee received physician reevaluations at the Center on 11/04/05, 01/06/06, 03/03/06, 05/05/06, and 09/08/06. These physician visits consisted primarily of administration of prescriptions for management of subjective pain complaints. Prescription medications included utilization of Ultram ER, Celebrex, Mobic, and Zanaflex.

An evaluation was accomplished at Systems on 11/22/06 as it related to consideration of treatment in the form of a comprehensive pain management program. It was documented that "the patient's goals are uncertain". It was also documented that the employee did not return to gainful employment after the work injury of. It was documented that the employee had attended a work hardening program in the past. It was documented that the employee was on a prescription medication regimen of Ultram ER and Celebrex. After this evaluation was conducted, it was recommended that the employee be considered for participation in a comprehensive pain management program.

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

At this time, the medical necessity for treatment in the form of a comprehensive pain management program would not appear to be established.

The date of injury is years in age. When an evaluation was conducted at the Systems, it was documented that the employee's goals were not certain. Numerous texts support that the longer an individual is not gainfully employed, the less chance that there is for a successful return to gainful employment. It is generally accepted that if an individual is out of the workforce for more months, the chances of returning to gainful employment is extremely low.

Official Disability Guidelines do provide criteria for consideration of a pain management program. In this case, it would not appear that appropriate criteria has been met as defined by ***Official Disability Guidelines*** criteria for consideration of a comprehensive pain management program.

It would not appear that an adequate and thorough evaluation has been conducted, as there was no documentation to indicate that there was ever a formal assessment of the employee's functional capacities, and there was no documentation to indicate that a medical doctor ever evaluated the employee for formal consideration of a comprehensive pain management program. Additionally, it would not appear that less intense forms of treatment have been considered, namely utilization of prescription medications for treatment of depression and emotional issues associated with a chronic pain syndrome. There was no documentation to indicate that there is definitive motivation on the employee's behalf to change functional capabilities evidence by the fact that the employee did not document any definitive goals for consideration of treatment in a comprehensive pain management program.

Official Disability Guidelines indicate that consideration of a comprehensive pain management program should be given when the following criteria is addressed, 1) when there has been a thorough evaluation (which does not appear to have occurred in this case), 2) previous methods of treating chronic pain have been unsuccessful, and 3) the individual has exhibited motivation to change and is willing to forego secondary gains to effect this change.

Consequently, based upon the medical documentation available for review, the medical necessity for participation in a comprehensive pain management program was not established.

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

The Spine by Rothman & Simeone, Chapter 50**.**
Official Disability Guidelines