IMED, INC.
1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

IRO REVIEWER REPORT

DATE OF REVIEW: 03/21/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Chronic pain management program, 20 days/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. Left shoulder MRI report dated
2. Left knee MRI report dated xx/xx/xx.
3. Office notes from Dr. dated 02/18/04 & 02/24/04.
4. Operative report by Dr. dated 08/12/04.
5. Lumbar spine MRI report dated 02/15/05.
6. Reports from Dr. dated 01/05/06 & 01/30/06.
7. Office notes from Dr. dated 03/06/06 & 05/05/06.
8. Lumbar MRI report dated 04/14/06.
9. Documentation from Healthcare dated 08/01/06, 11/07/06, 01/19/07, & 02/15/07.
10. Office notes from Dr. dated 11/09/06, 12/05/06, & 02/06/07.

PATIENT CLINICAL HISTORY (SUMMARY):

The employee sustained an injury in the workplace when she fell.

An MRI of the left shoulder was accomplished on xx/xx/xx and by report this study revealed findings consistent with a linear full thickness tear through the distal supraspinatus tendon. The report also described evidence for a moderate amount of fluid in the subacromial bursa.

An MRI of the left knee was obtained on xx/xx/xx and revealed findings consistent with a horizontal cleavage tear through the posterior horn and body of the medial meniscus.

The employee was evaluated by Dr. on 02/18/04, and it was documented that the employee underwent surgical intervention to the left shoulder in the form of a rotator cuff repair approximately four months prior to this visit with Dr.

An electrodiagnostic assessment of the lower extremities was accomplished on 02/24/04 by Dr. This study revealed findings consistent with a chronic S1 and probable L5 radiculopathy on the left.

An operative report dated 08/12/04 documented the employee underwent a partial meniscectomy by Dr.

A lumbar MRI with and without contrast was obtained on 02/15/05, which revealed findings consistent with advanced arachnoiditis. The study also revealed findings consistent with a subligamentous disc herniation at the L3-L4 and L4-L5 levels. The report additionally documented the presence of a left parasagittal pseudomeningeal seal from the L4-L5 level to the L5-S1 level.

Dr. performed a Designated Doctor Evaluation on 01/05/06. This evaluation was notable for the fact that there was a documented history of two lumbar spine surgical procedures each performed prior to the work injury. Dr. placed the employee at a level of Maximum Medical Improvement (MMI). It was documented the employee had returned to full duty work activities as a loan officer. A total body impairment of 8% was awarded.

The employee was evaluated by Dr. on 03/06/06, and it was recommended that a lumbar MRI be accomplished.

A lumbar MRI was accomplished on 04/14/06 and revealed evidence for disc desiccation at the L3-L4 disc level. There was evidence for an extruded disc fragment that extended into the right

anterior spinal canal behind the L4 vertebral body. This study also revealed findings consistent with multiple levels of degenerative disc disease and degenerative facet disease.

A reevaluation with Dr. occurred on 05/05/06, and it was documented that an MRI of the lumbar spine had recently been accomplished. Dr. reviewed this study and recommended that the employee receive treatment in the form of aquatic therapy.

A behavioral medicine consultation was accomplished at Healthcare on 08/01/06. It was documented that the employee was on a prescription medication regimen of Darvocet N-100, Mobic, and Nortriptyline. It was documented that the employee had no history of mental health treatment.

The employee did receive access to treatment in the form of a work hardening program. By 11/06/06, the employee had received at least eighteen sessions of the work hardening program.

Dr. evaluated the employee on 11/09/06 and received myoneural injections.

The employee was reevaluated by Dr. on 12/05/06, and it was documented that there was a 50% reduction with treatment in the form of myoneural injections previously provided.

On 01/25/07, a request was submitted by Healthcare for treatment in the form of a comprehensive pain management program. This evaluation indicated that despite treatment in the form of a work hardening program, the employee was unable to reach a preinjury work activity level of a sedentary level. Numerous sources were cited to support an attempt at treatment in the form of a comprehensive pain management program.

On 02/06/07, Dr. reevaluated the claimant and performed trigger point injections.

A reconsideration request for treatment in the form of a comprehensive pain management program was submitted by Healthcare on 02/15/07.

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

This is a complicated case. The date of injury is approaching four years in age. The records documented that previous treatment included surgical intervention to the left shoulder, as well as surgical intervention to the left knee. The employee was placed at a level of MMI by a designated doctor on 01/05/06. Typically, designation of MMI is defined by the ***Guides to the Evaluation of Permanent Impairment*** indicating that such a date is the date upon which ongoing medical treatment would not be expected to enhance the physical status of an individual.

The claimant was documented to ultimately receive access to treatment in the form of a work hardening program. By 11/06/06, the employee had received at least eighteen sessions of the work hardening program. Despite an attempt at a work hardening program, it was documented that the employee was capable of less than sedentary work activities.

Multiple sources were provided by Healthcare with regard to support of medical treatment in the form of a comprehensive pain management program. However, at the present time, the medical necessity of a comprehensive pain management program would not appear to be established. ***Official Disability Guidelines*** do document that there are situations whereby a comprehensive pain management program should be considered for an individual. In this particular case, there was no documentation to indicate that at the current time there are definitive goals with regard to return of the employee to gainful employment. Such an issue is one of the primary reasons for consideration of placement of an individual into a comprehensive pain management program.

The records document that when a Designated Doctor Evaluation was conducted on 01/05/06, the employee was on a limited amount of narcotic medication in the form of Darvocet N-100 for assistance with management of pain symptoms. The employee was also on non-narcotic medications for management of pain symptoms. Previous treatment did include access to a functional restoration program in the form of work hardening program. Despite an attempt at treatment in the form of a work hardening program, functional gains were minimal in nature evidence by the fact that when the employee completed at least eighteen session of treatment in this program, there was a documented ability of less than sedentary work activities. The text ***Practical Management of Pain*** by Raj, Chapter 2, does indicate that many studies that address treatment in the form of a comprehensive pain management program lacked comparison in control groups to support such treatment as a definitive reliable means of improving an individual's functional capabilities and minimizing pain symptoms. As would appear to be supported by the text ***The Spine*** by Rothman & Simone, Chapter 50, a fundamental goal with treatment in any type of comprehensive pain management program should include consideration of return to work issues. The records do not document that such an issue has fully been considered in this particular case.

The records document that a lumbar MRI obtained on 02/15/05 revealed findings worrisome for arachnoiditis. There was a documented history of two lumbar spine surgeries which predated the work injury of. The medical condition of arachnoiditis can certainly result in a chronic pain syndrome, however, such a condition would have predated the work injury of.

Given the fact that there is documentation of a chronic pain syndrome, as well as a history of two previous surgical procedures to the physical structure of the body presumably performed as it related to the work injury of, it is realistic to expect that the employee may require

access to medical maintenance care in an effort to minimize pain symptoms. However, at the present time, the medical necessity for treatment in the form of 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:

Guides to the Evaluation of Permanent Impairment
Official Disability Guidelines
Practical Management of Pain
The Spine