



REVIEWER'S REPORT

DATE OF REVIEW: 03/15/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Four weeks of functional restoration/comprehensive interdisciplinary pain management program.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., 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. I reviewed multiple records from the neurosurgeon, the counselor, and the Psy.D.
2. Procedure notes pertaining to lumbar epidural steroid injections on 08/18/06 and 09/08/06
3. Myelogram and post myelogram CT scan performed on 06/16/06 demonstrating a left paracentral protrusion at the L4/L5 disc along with calcified L5/S1 disc with a vacuum disc phenomenon present at that level
4. MRI scan on xx/xx/xx showing degenerative disc disease at the L4/L5 and L5/S1 levels with an L5/S1 disc protrusion

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

221 McCann
Sulphur Springs, TX 75482
903.488.2329 * 903.642.0064 (fax)

The injured employee who tripped and fell at work. According to the records, he was working in a light duty capacity. He has had 4 sessions of counseling. He has had 2 lumbar epidural steroid injections. He has had a myelogram, post myelogram CT scan, and an MRI scan. He was found to have depression and anxiety. Because of this, it was felt he was not a candidate for a surgical procedure on his lower back. He did not respond to the epidural steroid injections. He was taking Ultram as his only medication.

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

It has been years since the injured employee's back pain began. He has had extensive diagnostic and therapeutic intervention, which by history has not resolved his back complaints. Based on the MRI scan and post-myelogram CT scan, it will likely not resolve. At present, he is on Ultram, which is a reasonable medication for managing his pain. He appears to have some significant psychosocial issues, which would be best addressed as an outpatient by way of psychological counseling and psychiatric intervention, which may include prescription medications. Given his current clinical presentation, I do not believe that a 4-week functional restoration program is indicated.

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.)