

RYCO MedReview

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/12/07

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
Board Certified in
Board Certified in Medicine
American Society of 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

An Employer's First Report of Injury or Illness dated
An evaluation with an unknown provider (signature was illegible) dated xx/xx/xx

Evaluations with, M.D. dated xx/xx/xx, 03/25/98, and 07/16/98
X-rays of the lumbosacral spine interpreted by, M.D. dated 02/12/98
X-rays of the lumbosacral spine interpreted by, M.D. dated 02/23/98
Phone calls from Dr. dated xx/xx/xx and 02/26/98
A medical services treatment form from an unknown nurse (signature was illegible) dated xx/xx/xx
An evaluation with, P.A.-C. for Dr. dated 03/31/98
Evaluations with, M.D. dated 05/05/98, 10/26/98, and 01/05/99
Evaluations with, M.D. dated 05/28/98, 06/11/98, 07/24/98, and 07/30/98
An NCV study interpreted by, D.O. dated 06/04/98
Evaluations with, M.D. dated 09/24/98, 03/12/01, 11/15/01, 11/21/02, and 09/27/04
An evaluation with, M.D. dated 12/29/98
A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 01/26/99
Work hardening daily notes from, P.T. dated xx/xx/xx, 01/28/99, 02/02/99, 02/03/99, 02/04/99, 02/05/99, 02/08/99, 02/09/99, 02/10/99, 02/11/99, 02/16/99, 02/17/99, 02/18/99, 02/19/99, 02/26/99, 03/01/99, 03/02/99, and 03/03/99
FCEs with Mr. dated 01/29/99, 03/03/99, and 03/08/99
An evaluation with, M.S., L.P.C. and, M.Ed., L.P.C. dated 02/02/99
Work hardening/conditioning conferences with an unknown provider (no name or signature was available) dated 02/10/99 and 02/17/99
A work hardening progress note from Mr. dated 02/24/99
A back to work discharge report from, C.S.C.S. and dated 03/08/99
An impairment rating evaluation with Dr. and Dr. dated 03/23/99
Evaluations with, M.D. dated 05/05/99, 06/10/99, 07/08/99, 08/12/99, and 04/26/06
EMG/NCV studies interpreted by Dr. dated 06/03/99, 06/22/00, and 01/20/04
An MRI of the lumbar spine interpreted by, M.D. dated 06/04/99
A prescription from Dr. dated 01/26/00
Evaluations with P.A.-C., for Dr. dated 06/28/99, 03/06/01, 05/31/01, 02/17/03, 05/14/03, 06/26/03, 03/31/04, 06/24/04, and 12/09/04
Evaluations with, M.D. dated 07/06/99 and 03/07/00
A lumbar myelogram and post myelogram CT scan interpreted by, M.D. dated 07/08/99
Evaluations with, M.D. dated 09/17/99, 04/07/00, 05/09/00, 07/20/00, 09/11/01, 11/20/01, and 02/27/03
An evaluation with, M.D. dated 10/12/99
Evaluations with, P.A. for Dr. n dated 11/19/99 and 01/25/00
Laboratory studies dated 12/01/99, 01/11/01, and 01/19/01
Operative reports from Dr. dated 12/13/99 and 04/15/02
X-rays of the lumbar spine interpreted by, M.D. dated 12/13/99
X-rays of the lumbar spine interpreted by, M.D. dated 12/15/99 and 03/14/00
A letter from Dr. dated 01/18/00
A lumbar myelogram and post myelogram CT scan interpreted by, M.D. dated 04/28/00

X-rays of the lumbar spine interpreted by, M.D. dated 07/07/00
An impairment rating evaluation from (no credentials were listed) dated 07/12/00
An evaluation with, M.D. dated 09/06/00
An evaluation with, M.D. dated 09/30/00
Evaluations with, P.A.-C. for Dr. dated 11/14/00, 01/25/01, 01/31/01, 02/20/01, 04/17/01, 07/10/01, 06/19/03, 01/04/06, and 03/29/06
X-rays of the chest interpreted by Dr. dated 11/14/00 and 01/11/01
Physician's orders from Dr. dated 12/26/00
An EKG interpreted by, M.D. dated 01/11/01
An admission summary from Dr. dated 01/15/01
X-rays of the lumbar spine and chest interpreted by, M.D. dated 01/15/01
An operative report from Dr. dated 01/15/01
X-rays of the lumbar spine interpreted by, M.D. dated 01/17/01
An evaluation with, M.D. dated 01/19/01
An admission summary from, M.D. dated 01/19/01
An evaluation with Dr. dated 01/19/01
A physical therapy evaluation with an unknown therapist (signature was illegible) dated 01/19/01
Evaluations with Dr. dated 01/20/01, 01/22/01, 01/23/01, 01/30/01, and 02/01/01
Evaluations with an unknown physician's assistant (signature was illegible) dated 01/23/01
Physical therapy weekly progress summaries from, P.T. dated 01/26/01 and 02/02/01
An occupational therapy weekly progress summary from an unknown therapist (signature was illegible) dated 01/26/01
Evaluations with, M.D. dated 01/27/01 and 01/28/01
Evaluations with an unknown physician (signature was illegible) dated 01/29/01, 01/30/01, and 01/31/01
A physical therapy discharge summary from the unknown therapist dated 02/02/01
A discharge summary from the unknown occupational therapist dated 02/02/01
X-rays of the lumbar spine interpreted by Dr. dated 02/20/01 and 04/17/01
A FIM profile dated 03/14/01
TWCC-73 forms from Dr. dated 5/31/01 and 10/04/01
A CT scan of the lumbar spine interpreted by, M.D. dated 07/09/01
X-rays of the lumbar spine interpreted by, M.D. dated 07/10/01
Evaluations with, R.N.C., M.S.N., F.N.P. for Dr. dated 08/21/01 and 11/21/01
A CT scan of the lumbar spine interpreted by Dr. dated 02/11/02
Evaluations with, R.N., G-F.N.P. for Dr. dated 02/19/02, 08/20/02, 09/03/03, 12/10/03, 02/04/04, 05/25/05, and 11/01/05
Evaluations with, P.A.-C. for Dr. dated 02/20/02, 04/08/02, 09/18/02, 11/11/02, 01/24/03, 03/27/03, 05/13/03, 08/28/03, 09/29/03, 11/05/03, and 01/26/04
A PCA/Epidural flow sheet from an unknown nurse (signature was illegible) dated 04/15/02
A pathology report interpreted by, M.D. dated 04/15/02

Evaluations with various unknown providers (signatures were illegible) dated 04/20/02, 04/21/02, 04/22/02, 04/23/02, and 04/25/02
A letter written by Mr. dated 12/11/02
An MRI of the cervical spine interpreted by Dr. dated 01/03/03
X-rays of the lumbar spine interpreted by Dr. dated 01/13/03
An MRI of the lumbar spine interpreted by, M.D. dated 05/30/03
An FCE with, P.T.A. dated 07/24/03
An emergency room record from an unknown provider (no name or signature was available) dated 07/05/04
An evaluation with, M.D. dated 12/28/04
Medication prescriptions from Dr. dated 10/25/05 and 10/26/05
X-rays of the lumbar spine interpreted by Dr. dated 11/10/05
MRIs of the cervical and lumbar spine interpreted by Dr. dated 08/23/06
Evaluations with, M.D. dated 09/18/06, 01/10/07, 01/18/07, and 02/21/07
A medical conference note from Dr. and, P.A.-C. dated 09/28/06
A peer review from, M.D. dated 10/16/06
A chronic pain evaluation with, Psy.D. dated 10/20/06
A lumbar myelogram CT scan interpreted by, M.D. dated 10/20/06
A prescription from Dr. dated 11/22/06
Interval histories with an unknown provider (signature was illegible) dated 11/22/06 and 01/10/07
A physical therapy status report from, P.T. dated 01/10/07
An evaluation with, P.T. dated 01/18/07
A pre-program psychosocial assessment with, Case Manager, dated 01/18/07
Preauthorization requests from Mr. dated 01/20/07, 01/30/07,
A letter of adverse determination from, L.P.N. dated 01/25/07
A letter of appeal from Ms. dated 02/06/07
A medical conference with Mr. dated 02/06/07
A request for Medical Dispute Resolution (MDR) from Mr. dated 02/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:

X-rays of the lumbar spine interpreted by Dr. xx/xx/xx revealed slight anterior subluxation at L5-S1. X-rays of the lumbosacral spine interpreted by Dr. dated 02/23/98 revealed spondylolisthesis at L5-S1 with slippage at that level. An EMG/NCV study interpreted by Dr. dated 06/04/98 revealed mild L4 nerve rootlet irritation and mild polyneuropathy. On 07/24/98, Dr. recommended a Medrol Dosepak and Naprelan. On 09/24/98, Dr. felt the patient was not at Maximum Medical Improvement (MMI) and he recommended a series of epidural steroid injections (ESIs), exercises, and a return to sedentary work duty. Work hardening was performed with Mr. from 01/27/99 through 03/03/99 for a total of 18 sessions. On 02/02/99, Ms. and Mr. felt the patient was an appropriate candidate for a pain management group within the work hardening program. On 03/23/99, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 14% whole person impairment rating. A lumbar myelogram CT scan interpreted by Dr. on 07/08/99 revealed spondylolisthesis at L5-S1 with effacement of the left nerve root sleeve filling. Lumbar surgery was performed by Dr. on 12/13/99. On 04/28/00, Dr.

interpreted the lumbar myelogram CT scan and it showed spondylolisthesis at L5-S1 and probable epidural fibrosis around each S1 nerve root. An EMG/NCV study interpreted by Dr. on 06/22/00 revealed peripheral neuropathies in the lower extremities. X-rays of the lumbar spine interpreted by Dr. on 07/07/00 revealed spondylolisthesis at L5-S1. Lumbar surgery was performed again by Dr. on 01/15/01. A CT scan of the lumbar spine interpreted by Dr. on 07/09/01 revealed postoperative changes at L5-S1 with continued spondylolisthesis. A CT scan of the lumbar spine interpreted by Dr. on 02/11/02 was essentially unchanged. On 02/19/02, Ms. provided refills of Effexor, Vioxx, and Hydrocodone. Another back surgery was performed by Dr. on 04/15/02. An MRI of the cervical spine interpreted by Dr. on 01/03/03 revealed a large disc bulge at C5-C6 with spinal stenosis and a small disc bulge at C4-C5. An MRI of the lumbar spine interpreted by Dr. on 05/30/03 revealed spondylolisthesis and postoperative changes at L5-S1 with degenerative disc disease throughout the spine. An EMG/NCV study interpreted by Dr. on 01/20/04 revealed chronic right L5 radiculopathy. An MRI of the cervical spine interpreted by Dr. on 08/23/06 revealed disc bulges or protrusions from C3 to C6. An MRI of the lumbar spine interpreted by Dr. on 08/23/06 revealed postoperative changes at L5-S1 with some foraminal narrowing, along with a synovial cyst at L3-L4. On 09/18/06, Dr. recommended a lumbar myelogram, a psychological evaluation, Hydrocodone, Mobic, Tofranil, and Neurontin. On 10/20/06, Mr. recommended a chronic pain management program. A lumbar myelogram CT scan interpreted by Dr. on 10/20/06 revealed operative changes at L5-S1 with a bulge at L4-L5. On 01/18/07, Dr. also recommended a chronic pain program. Mr. wrote preauthorization requests for the pain program on 01/20/07 and 01/30/07. On 01/25/07, Ms. wrote a letter of adverse determination for the program on 01/25/07. On 02/12/07, Mr. requested an MDR.

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

Ten sessions of a chronic pain management program would be reasonable and necessary in order to evaluate response to interdisciplinary functional restoration. Additional program participation necessity would need to be based on evaluation after the initial 10 sessions of the chronic pain management program. The documentation provided in the clinical history is consistent with evidence-based guidelines and literature that support functional restoration programs especially for low back injuries. Therefore, at this time, only ten sessions would appear medically necessary.

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

(2005) Evidence-based clinical practice guidelines for interdisciplinary rehabilitation of chronic nonmalignant pain syndrome patients. Practice, 5(4), 303-315.

ODG: Behavioral treatment/low back:

Recommended. Behavioral treatment may be an effective treatment for patients with chronic low back pain, but it is still unknown what type of patients benefit most from what type of behavioral treatment. Some studies provide evidence that intensive multidisciplinary bio-psycho-social rehabilitation with a functional restoration approach improves pain and function. (van Tulder-Cochrane, 2001)

([Ostelo-Cochrane, 2005](#)) ([Airaksinen, 2006](#)). Recent clinical trials concluded that patients with chronic low back pain who followed cognitive intervention and exercise programs improved significantly in muscle strength compared with patients who underwent lumbar fusion or placebo. ([Keller, 2004](#)) ([Storheim, 2003](#)) ([Schonstein, 2003](#)) Multidisciplinary biopsychosocial rehabilitation has been shown in controlled studies to improve pain and function in patients with chronic back pain. However, specialized back pain rehabilitation centers are rare and only a few patients can participate in this therapy. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed two weeks without demonstrated efficacy (subjective and objective gains). ([Lang, 2003](#)) A recent RCT concluded that lumbar fusion failed to show any benefit over cognitive intervention and exercises, for patients with chronic low back pain after previous surgery for disc herniation. ([Brox, 2006 <fusion.htm>](#)) Another trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) ([Smeets, 2006](#)) For chronic LBP, cognitive intervention may be equivalent to lumbar fusion without the potentially high surgical complication rates. ([Ivar Brox-Spine, 2003 <fusion.htm>](#)) ([Fairbank-BMJ, 2005](#)) See also Multi-disciplinary pain programs in the [Pain Chapter <pain.htm>](#).

Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

- (1) An adequate and thorough evaluation has been made.
- (2) Previous methods of treating the chronic pain have been unsuccessful.
- (3) The patient has a significant loss of ability to function independently resulting from the chronic pain.
- (4) The patient is not a candidate where surgery would clearly be warranted.
- (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

Inpatient admissions for pain rehabilitation may be considered medically necessary only if there are significant medical complications meeting medical necessity criteria for acute inpatient hospitalization.

(2004) (2006) See [Functional restoration programs](#).