



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 5/4/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management program times 20 sessions

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

The reviewer is a Medical Doctor who is a board certified Neurologist who has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding 20 sessions of a chronic pain management program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Office notes and treatment reports from Center dated 09/15/05 to 01/02/07.
2. Office notes and treatment reports and operative records, MD.
3. Designated doctor examination.
4. Medical improvement determination and impairment rating by MD dated 11/02/06 with examination dated 11/04/06.
5. Physical therapy progress notes Center.
6. Therapy treatment records from Center dated 11/14/05 to 10/02/06.
7. Electrodiagnostic evaluation by MD dated 11/28/05.
8. Determination – Negative determination for request of ACDF at C4-5 and C5-6 dated 01/13/06 by RN,.
9. MRI of the cervical spine dated 09/30/05.

10. Cervical spine post myelogram and reconstructive images 03/02/06.
11. Functional capacities evaluation 09/27/06.
12. Initial visit comprehensive evaluation Consultants by MD.
13. Preauthorization request, request for reconsideration and appeal letter, MD dated 01/25/2007 through 04/07/07.
14. Mental health evaluation, MED.
15. Denial letter addressed to MD from RN, dated 01/30/07 and 02/14/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who was involved in a motor vehicle accident while working as a limousine driver. As a result of this, he developed neck pain and upper extremity pain. He was treated by chiropractors at Rehabilitation Center. He ultimately underwent an ACDF at C4-5 and C5-6 on 05/19/06 by Dr. an orthopedic surgeon. Preoperative imaging including a MRI of the cervical spine had shown multilevel degenerative disease. The MRI was taken on 09/30/05 and showed a C4-5 left posterolateral protrusion encroaching into the neuroforamen on the left. At C5-6 there was a right paracentral protrusion with possible foraminal encroachment. At C6-7 there was diffuse protrusion of approximately 2 mm. Also, preoperatively the injured employee underwent a cervical myelogram and post myelographic CT which showed similar findings, including prominent osteophytes at C4-5 and spondylosis. At C5-6 there was spondylosis and osteophytes along the right side causing encroachment upon the neuroforamen and narrowing. At C6-7 there were spondylitic changes with large osteophytes with compression of the cecal sac and nerve roots mainly on the right.

The injured employee had a second surgical procedure on 07/14/06 by Dr. due to loose hardware. This procedure consisted of exploration of the hardware and replacement of the locking plate.

Unfortunately, the injured employee continued to have significant pain across his posterior neck and into his shoulders, especially the left after his surgery. He was referred by Dr. his chiropractor to Dr. a pain management specialist. He was treated with additional therapy plus Norco, Flexeril and Naprosyn. I am not clear if there were any postoperative imaging studies done. It is also not clear if there were any postoperative electrodiagnostic studies done.

It also does not appear that Dr. performed any interventions such as epidurals or nerve root blocks, etc.

A request was made by Dr. from the Clinic for the injured employee to undergo 20 sessions of a comprehensive pain management program. Up until that time, he had been treated with individual psychotherapy and antidepressant medications for a mood disorder. He had symptoms including sadness, pessimism, loss of pleasure, self dislike, crying, agitation, impaired sleep,

increased appetite, impaired concentration and loss of interest in his usual activities.

The injured employee underwent a mental health evaluation on 01/09/07. Included in that assessment was an Oswestry Disability Pay Index with a score of 40/100 indicating a moderate to severe disability range, Beck Depression Inventory – II indicating a score of 27/63 which is in the moderate range, and Beck Anxiety Inventory which was 31/63 which fell in the severe range.

Ms. 's assessment was:

“Pain disorder associated with both psychological factors and a general medical condition and major depressive disorder moderate. It is felt that his pain has significantly impaired his ability to function physically, psychologically, interpersonally and vocationally. In addition to his pain he reported symptoms of depression and anxiety. It is felt he is an appropriate candidate for comprehensive chronic pain management to include individual psychotherapy, group psychotherapy, biofeedback, vocational counseling, nutritional counseling, exercise, aqua therapy and physical therapy. The goals included to increase his GAF by 10 points, decrease his subjective rating of pain by 4 to 5 points and decrease 10 to 15 points on the BDI and BAL.”

A detailed treatment plan of care was submitted by Ms. and countersigned by Dr..

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

The reviewer states that it is not medically appropriate that the injured employee be referred for a chronic pain management program at this time as there has been no investigation as to the possible structural causes or other anatomic reasons for his residual postoperative pain. He is therefore not appropriate for referral to chronic pain management.

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)
 - Vacarro, A. et. al, Principles and Practice of Spine Surgery, pp 763-782.
 - American College of Occupational and Environmental Medicine, Occupational Medicine Practice Guidelines, pp 114-116.