

## Notice of Independent Review Decision

**05/04/2007 - AMENDED 05/07/2007**

**DATE OF REVIEW:**

05/04/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic Pain Management five times per week for four weeks (twenty sessions).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

**REVIEW OUTCOME**

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

Upheld (Agree)

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.

Chronic Pain Management five times per week for four weeks (twenty sessions) is not medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Case Report dated 04/23/07
- MCMC Referral dated 04/23/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 04/19/07
- DWC: IRO Request Form dated 03/02/07
- LHL009: Request For a Review By An Independent Review Organization dated 02/02/07
- Request for Medical Dispute Resolution dated 04/24/07 from D.C.
- Letters dated 01/09/07, 12/14/06 from CI Rep
- Request for Reconsideration dated 01/02/07 from D.C.
- Injury Center: Patient Re-Evaluations dated 12/05/06, 11/03/06, 09/22/06 from, D.C.
- Progress Summary dated 11/30/06 from M.A., LPC
- Kinetics: Physical Performance Evaluation dated 11/03/06

- Injury Center: Weekly Work Hardening Summaries dated 10/18/06, 10/06/06 from, D.C.
- Injury Center: Work Hardening/Conditioning Daily Notes dated 10/09/06 through 10/18/06
- M.D. Designated Doctor Evaluation dated 06/05/06
- Spine Associates: Office notes dated 01/24/06, 10/11/05 from M.D.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a female with injury. The injured individual had an MRI showing herniation of nucleus pulposus (HNP) at L5. The injured individual had chiropractic care, injections, and a disc replacement was suggested but denied. She had twenty work hardening sessions with pain scores 6/10 before this. Her job capability prior to work hardening was light/medium; after it was light. She needs to be at medium capacity. She then entered a pain program. Medications before this were none; medications during the pain program were Ultram, Celebrex, and ibuprofen and these did not change with this treatment. Her pain score was 4/10 at the beginning and were 4/10 after ten sessions. Her activity tolerance was four hours at the beginning of the pain program and four hours after ten sessions. The injured individual has had no positive improvement from this program; therefore, continuation is not needed.

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

The requested pain program is denied for multiple reasons. First, the injured individual has had ten sessions already with no reduction in medications, no new Beck Anxiety Index (BAI) or Beck Depression Index (BDI) scoring, no reduction in pain scores, and no improvement in activity levels. Also, after participating in twenty work hardening sessions, her work level regressed from light/medium to light and she required medium physical demand level (PDL). The injured individual has apparently made no progress with injections (done in the past), work hardening, or a pain program ten initial sessions therefore further rehabilitation via a pain program is not medically necessary.

**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**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

- Bonica's Management of Pain. Third edition; copyright 2000.