

IRO REVIEWER REPORT TEMPLATE –WC

DATE OF REVIEW:

05/31/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program

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

Board Certified Chiropractor

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.

The medical necessity for the application of the chronic pain management program is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 05/15/07
- MCMC Referral dated 05/15/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 05/15/07
- Letter dated 05/15/07 with an attachment
- Letter dated 05/11/07
- DWC: Confirmation of Receipt Of a Request For a Review dated 05/11/07
- DWC: Request For a Review By An Independent Review Organization dated 05/02/07
- Request For The Chronic Pain Program To Be Presented For Medical Dispute Resolution dated 04/30/07 Psy.D
- Medical Conference With Physician dated 04/12/07, 01/16/07 from Psy.D
- Services Corporation: Non-authorization After Reconsideration Notice dated 04/12/07 from M.D.
- Letter dated 03/30/07 from Psy.D
- Pre-Auth Requests For The Comprehensive Interdisciplinary Functional Restoration Program dated 03/30/07, 03/03/07, 01/10/07 from Psy.D
- Services Corporation: Non Authorization Notice dated 03/16/07 from M.D.
- Services Corporation: Physician Advisor Withdrawal Notice dated 01/17/07 from M.D.

- Medical Conference With Physician dated 01/16/07 from Psy.D
- Consultation For Chronic Pain Program dated 01/04/07 from M.D.
- Pre-Program Psychosocial Assessment dated 12/07/06 from Case Manager
- Referral dated 11/06/06 from M.D.
- Chronic Pain Evaluations dated 10/27/06, 07/31/06 dated 10/27/06
- Rehabilitation Institute: FCE Report dated 10/10/06 from OTR
- Pre-Auth Request For a Chronic Pain Evaluation With Psychometric Testing dated 06/25/06 from Psy.D
- DNI: CT cervical spine with C1 and C2 dated 05/03/06 from M.D.
- M.D.: Medical Case Manager Meeting dated 01/19/05
- DNI: Cervical Spine X-Rays dated 01/06/05 through 03/15/06 from M.D.
- M.D.: Chart Notes dated 01/06/05 through 03/01/07
- M.D.: History, Physical and Neurological Examination and Admission To Surgical Hospital dated 11/01/04
- DNI: Upper Extremity Electrodiagnostic Study dated 09/29/04 from M.D.
- M.D.: Follow Up notes dated 01/28/04 through 10/12/06
- M.D.: History, Physical and Neurological Examination dated 09/08/03
- Undated referral for Chronic Pain from M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

The history reveals that the above captioned individual, a male, was allegedly injured as the result of an occupational incident that reportedly occurred on or about. The history reveals that he was drilling a piece of metal and the drill hung on multiple occasions causing the "arms to roll up" and resulting in injuries to the arms and neck. The injured individual has undergone an exhaustive course of medical management including medication management, physical therapy, and two cervical spine surgeries dated 10/07/2003 and 11/01/2004. Multiple electrodiagnostic evaluations have been performed which revealed radiculopathies of the C6 nerve as well as carpal tunnel syndrome and irritation of the ulnar nerve. The injured individual currently complains of moderate to severe pain of the neck and bilateral extremities which continues to prevent him from returning to his pre-injury work status. A Functional Capacity Exam (FCE) report suggested that the injured individual demonstrated mild depression and anxiety, so a psychological interview was conducted. The psychological interview opined the need for a tertiary level chronic pain management program.

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

Firstly, there are occupational guidelines, such as the Official Disability Guidelines, which do not favor the administration of the kind of tertiary level multidisciplinary program requested for this injured individual for the treatment of neck and shoulder pain. Furthermore, the injured individual is more than four years post injury. The Official Disability Guidelines suggest, in regards to the application of a tertiary level pain management program for the neck and shoulder that the expected positive outcomes are poor when there are factors present such as: duration of disability, smoking and opioid usage. The injured worker has a documented period of disability of more than four years, continues to smoke and has a documented protracted medication management program including multiple opioids and pain modulating medications for several years duration.

Additionally, an FCE was performed on 10/10/2006, which revealed some high coefficients of variation and in one case only 38% of the criteria testing, were positive for a reliable or consistent effort. This apparent lack of validity or submaximal effort would certainly threaten the success of the requested program. Similarly, the injured individual was apparently unable to lift any measurable weight during functional testing, however this was inconsistent with his reported ability to dress and care for himself. Moreover, the results of the McGill questionnaire suggested a moderate to high probability of symptom magnification. These issues were not apparently addressed as per the submitted documentation.

Lastly, although it is understood that the diagnosed conditions of bilateral carpal tunnel syndrome and ulnar radiculopathy may not be accepted compensable areas of treatment, it is not revealed in the documentation as to the level of contribution and effect that these conditions may be having on the current symptomatology. The mechanism of injury is consistent with these other diagnosed conditions and it is possible that these conditions are having a negative effect on the injured individual's current symptomatology. At the least, these concomitant conditions would have a negative effect on the reasonable expected outcomes of the type of tertiary level program currently requested and at the subject of this review.

Given the arguments raised in the above discussion and consistent with the Official Disability Guidelines referenced above, the medical necessity for the requested chronic pain management program is not established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES