



**DATE OF REVIEW:** 5/4/07

**MDR TRACKING #:**

**NAME:**

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

Determine the medical necessity for the previously denied chronic pain management program, 5 times per week for 4 weeks.

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

Texas licensed in Aerospace and Occupational Medicine.

**REVIEW OUTCOME**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

[Check only one of the boxes above.]

Previously denied chronic pain management program, 5 times per week for 4 weeks.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Fax Cover Sheet dated 5/2/07, 1 page.
- Notice to Inc. of Case Assignment dated 5/2/07, 1 page.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/24/07, 1 page.
- Request for a Review by an Independent Review Organization dated 4/19/07, 6 pages.
- Determination Notification Letter dated 4/11/07, 3/26/07, 3/26/07, 9 pages.

- Carrier's Dispute Statement dated 4/30/07, 2 pages.
- Cervical Spine MRI dated 2/6/07, 2 pages.
- Follow-Up Visit Reports dated 3/20/07, 3/14/07, 2/14/07, 6 pages.

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

**Patient's age:**

**Gender:** Female

**Date of Injury:**

**Mechanism of injury:** While employed, "This female tried to jump a ditch 3 feet wide, and fell backwards onto a pile of skids. She injured her cervical, and right shoulder." "...she fell in a ditch. She had cervical spine pathology and partial rotator cuff tear."

**Diagnoses:** Brachial neuritis or radiculitis; cervicocranial syndrome; partial right rotator cuff tear.

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

This patient had "bilateral cervical radicular symptoms" described only as "hand numbness and tingling". She also had moderate depression and anxiety. On a cervical myelogram showed at C5-6: "broad-based 2 mm left paracentral hard and soft disc protrusion with borderline spinal cord impingement and bilateral labral hypertrophy and mild right facet joint arthrosis, which impinges dorsally on the exiting right C6 nerve root sleeve." She has had 2 cervical epidural steroid injections (ESI) at unspecified levels, with either no relief or with "mild to moderate amount of temporary relief". On 2/2/07, electromyogram/nerve conduction velocity (EMG/NCV) studies found no evidence of nerve compression, such as in carpal tunnel syndrome or cervical radiculopathy. An MRI report, dated 2/6/07, stated that she had numbness and tingling in her hands and feet without describing the distribution, eliciting factors and sensory exam. (No other report mentions symptoms in her feet.) The cervical MRI without contrast showed: "The vertebral elements are in good alignment without subluxation. The vertebral body heights are well maintained without a compression. There is normal marrow signal. The C2-C3 level is unremarkable. C3-C4 is slightly narrowed. There are small osteophytes along the posterior disc margin lateralizing to the left uncovertebral joint. This slightly encroaches on the left neural foramen and lateral recess without significant stenosis. There is no spinal stenosis. At C4-C5 there is no significant spondylosis or protrusion. At C5-C6 there is mild narrowing with small marginal osteophytes. There is a mild ridge of osteophytes along the posterior margin with symmetric uncovertebral joint hypertrophy. As a result there is mild narrowing of the lateral recesses and neuroforamina. The cervical canal remains patent. C6-C7 is unremarkable without a protrusion. The spinal cord has a normal size, course and signal without extrinsic compression or intrinsic lesions. There are no other intraspinal soft tissue abnormalities. Impression: Mild multilevel degenerative spondylosis described above. No focal disc herniations are evident." She has had an unspecified number of physical therapy visits, where unspecified modalities were administered with unquantified improvement in range of motion in unspecified joints and directions. A Dr., orthopedic surgeon, felt that she may

need a rotator cuff repair, but felt her symptoms were primarily from her back. On 2/14/07, MD, a neurosurgeon, found "a moderate amount of spasm with edema in the paraspinous muscles at C5-6, C6-7 and C7-T1 levels and moderate amount of spasm in the upper trapezial area. Her motor strength is 5/5. Deep tendon reflexes are 2+ and symmetric. Range of motion of the cervical spine reveals forward flexion of 30 degrees, extension 20 degrees, lateral flexion to right and left 5 degrees, and rotation right and left 45 degrees. There is hypesthesia from the elbows distally in a nondermatomal distribution. Impression: 1. Bilateral cervical radicular symptoms. 2. Multilevel spondylosis with disc protrusions primarily at C5-6 with bilateral flavum hypertrophy and mild right facet arthrosis, which impinges dorsally on the exiting right c6 nerve root sleeve. 3. Chronic pain syndrome. Plan: As the patient is currently not a surgical candidate, we will refer her for evaluation for the Chronic Pain Program." On 2/20/07, MD, a Physical Medicine specialist, recommended a diagnostic trial of cervical facet injections then if her pain is released, "cervical medial branch rhizotomy". On 3/20/07, Dr reported that the facet joint injections were not done for unspecified reasons, and recommended them again. Hydrocodone/APAP 5/325 was no benefit, 7.5/325 gave minimal improvement, so her dose was increased to 10/325 q6h PRN pain. Naprosyn was stopped due to bright red rectal bleeding with epigastric pain. Lyrica (pregabalin) 75 mg tid gave some relief and was increased to 100 mg tid. She has not had a trial of a multidisciplinary pain management program. This patient had chronic bilateral cervical pain with cervical paraspinal spasm. A cervical myelogram revealed an herniated nucleus pulposus (HNP) with nerve root impingement, but more recent EMG/NCV, MRI and findings on neurological exam do not support this etiology. The transient relief from 2 epidural steroid injections was likely due to the anesthetic rather than reduced swelling of a compressed nerve. These results add no diagnostic information. Facet joint inflammation remains a possibility, but the patient may have declined a test for this. As of 3/20/07, her pain was not controlled and analgesic doses were increased. This reviewer lacks more recent progress reports as to whether her pain is now controlled by these higher doses. There remains a high likelihood that her chronic pain has a functional component as described in the Rome III guidelines. The goal of the requested multidisciplinary pain management program is "opiate extinction" or "to reduce hydrocodone by 25%". Instead, the first goal should be to control this patient's pain. The second goal should be to find the cause and treat that. The third goal should be to either return her to work or find work which she can do. A consultation with a pain management specialist should precede a daily multidiscipline pain management program. (See the ODG for Chronic Pain Program). According to Dr, this patient wants to return to work. A daily pain management program for 4 weeks would not permit her to continue her work. The ACOEM Guidelines, Chapter 8, pg 173-4 state that "Comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Comorbid conditions, side effects, cost, and provider and patient preferences generally guide the clinician's choice of recommendations. Table 8-5 summarizes comfort options." "There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average)

from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n = 24, 28). Caution is needed due to the scarcity of high-quality studies."

**If applicable this section should include the following:**

- Specific basis for divergence from the Division of Workers' Compensation (DWC) policies or guidelines adopted under Labor Code §143.011.

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

[Check any of the following that were used in the course of this review.]

**X** 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.

**X** ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES. Official Disability Guidelines, Treatment Index, 5<sup>th</sup> Edition, 2006/2007, Pain Section-Chronic pain programs.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.**