



DATE OF REVIEW: 05/03/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Twenty sessions of chronic interdisciplinary pain management

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Letter dated 04/18/07
2. Letter dated 01/29/07 from review
3. Letter dated 02/15/07 from reviewer
4. Description of the chronic pain program applied for
5. Report from M.Ed., L.P.C. dated 01/12/07 who apparently works at the facility where the chronic pain management program has been requested. The report indicates that while working as a cardiology technician, the employee twisted her back and was found to have degenerative changes from L3 to S1 with a 2-mm disc bulge. She went through physical therapy, lumbar steroid injections, and work hardening. At that time she was taking Ultram 50 mg tablets and Cymbalta 30 mg. At that time her pain level was 2.5/5. She scored 52 out of 100 on the Oswestry Disability Index. Her Beck Depression Inventory was 36/63, and her Beck Anxiety Inventory was 29/63. She was diagnosed with a pain disorder associated with both psychologic factors and general medical condition with a major depressive disorder.
6. Letter dated 01/15/07 which indicated that the claimant had to drop out of the work hardening program due to poor tolerance of the increased intensity of the treatment; she was having a “depressive reaction”

7. Letter dated 02/06/07 which indicates that the claimant's anxiety and depression are significant enough to interfere with normal functioning but not severe enough to warrant psychiatric care; these statements do seem to be somewhat contradictory
8. Note dated 04/23/07 in which the provider documents feeling that the patient needed to "undergo a chronic pain management program to address the psychological component of her injury"

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee sustained a lumbar spine injury at work after which she underwent injections, physical therapy, and pharmacological management. She attempted work hardening but apparently dropped out due to the symptomatology associated with the increased intensity of the program. She has been found to be very depressed and anxious, which by her treating doctor's notes, is affecting her impacting her functional capabilities. The last note from her treating physician has indicated a chronic pain program to manage her psychologic issues. Yet in a previous letter, he indicated that her anxiety and depression were not sufficiently severe to require psychiatric area but rather recommended a chronic interdisciplinary pain management program.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

It is my belief that the injured employee is indeed at maximum medical improvement with regards to her back injuries. It would appear she has some underlying psychological issues, specifically anxiety and depression, which may indeed be a reactive circumstance to the original back injury and her functional limitations incurred thereto. It would appear as though this individual would benefit from psychiatric care in combination with some psychological counseling, but in my opinion does not require any sessions of a chronic interdisciplinary pain management program.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)