

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: OCTOBER 25, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of a chronic pain management program.

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

Chiropractic Doctor

Diplomate, American Board Chiropractic Orthopedics

Diplomate, American Board of Chiropractic Consultants

Diplomate, American Board of Forensic Professionals

Diplomate, North American Academy Of Impairment Rating Physicians

Certified, American Board of Independent Medical Examiners

REVIEW OUTCOME

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

Upheld (Agree)

X Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Examination report, MD (7/19/07)
- Adverse peer determinations, DC (8/21/07) and, DC (8/23/07)
- CPM psych evaluation reports, (M.Ed, LPC (08-14-07) and LPC (08-02-07), FCE by DC (08-08-07)
- Appeal of denial - EsLPC 09-20-07
- Position statement (10/09/07) MD for risk management fund.

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male, who sustained multiple injuries after a tractor ran over the left side of his body. Injured areas included neck, mid and low back, left shoulder, left hip. Apparently he had a surgical hernia repair on 5/13/03 (not sure if this is due to the original injury). Had multiple interventions, including physical therapy (2004) chiropractic (2005), pain management - ESI's, work hardening (2005) and individual psychological counseling (2005). Continued with significant difficulties, has not worked since injury. Apparently attempted suicide (November 2006), suicidal ideation subsequently controlled with Effexor XR. Medical evaluation of 7/19/07 reported cervical pain radiating into bilateral upper extremities, lower back pain radiating and bilateral lower extremities, continued significant depression, insomnia. assessment of cervical and lumbar radiculopathy with depression, recommendation for chronic pain management. Medications include hydrocodone 7.5/500 mg t.i.d., Flexeril 10 mg t.i.d., Effexor XR 150 mg q.d., Ambien, Mobic 15 mg q.d. Psychological assessment resulted in an impression of chronic pain disorder with both psychological features and general medical condition, global assessment function of 51. Beck Anxiety Index scored 63, Beck Depression scored 60, both in the "severe" levels. A "Physical performance test" 8/8/07 consisted of range of motion and isometric muscle testing. Range of motion was reduced globally in both cervical and lumbar spine areas, with less than 10 pounds of exertion measured on any of the muscle tests.

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

A chronic pain program involves a multidisciplinary approach and is reserved typically for outliers of the normal patient population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work (1,2).

Chronic pain or chronic pain behavior is defined as devastating and recalcitrant pain with major psychosocial consequences. It is self sustaining, self regenerating and self-reinforcing and is destructive in its own right as opposed to simply being a symptom of an underlying somatic injury. Chronic pain patients display marked pain perception and maladaptive pain behavior with deterioration of coping mechanisms and resultant functional capacity limitations. The patients frequently demonstrate medical, social and economic consequences such as despair, social alienation, job loss, isolation and suicidal thoughts. Treatment history is generally characterized by excessive use of medications, prolonged use of passive therapy modalities and unwise surgical interventions. There is usually inappropriate rationalization, attention seeking and financial gain appreciation (2).

This gentleman satisfies the above requirements for a chronic pain management program. He has had significant and various attempts at intervention, yet continues with difficulty. Due to his age and multiple areas of injury that continue to affect his general activities of the living and well and any opportunity for gainful employment, a multidisciplinary chronic pain management course would seem quite appropriate and medically necessary. Strategies to improve activity levels and self-esteem have been proposed with goals clearly outlined to reduce psychological stressors, subject's pain complaints and improve ADLs despite his perceived pain. There are also strategies

outlined with goals to reduce the use of narcotic medication.

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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 – CITE REFERENCED/QUOTED
- 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
 - 1/ CARF Manual for Accrediting Work Hardening Programs
 - 2/ AMA Guides to the Evaluation of Physical Impairment, 4th Edition
 - 3/ The American Physical Therapy Association *Guidelines for Programs for Injured Worker's*, 1995
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)