



## Notice of Independent Review Decision

### **DATE OF REVIEW:**

10/26/2007

### **IRO CASE #:**

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

Chronic Pain Management 20 sessions

### **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**

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 requested chronic pain management program is not established.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- MCMC: Case Report dated 10/09/07
- MCMC Referral dated 10/09/07
- DWC: Notice To MCMC, LLC Of Case Assignment dated 10/09/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 10/08/07
- LHL009: Request For A Review By An Independent Review Organization dated 10/05/07
- Letter dated 08/28/07 from D.C.
- M.D.: PT prescription dated 08/22/07
- Notification of Determination dated 08/03/07 from M.D.
- M.D.: Consultation dated 07/27/07
- M.D.: Chronic Pain Management prescription dated 07/27/07
- Medical Group: Psychosocial Assessment Report dated 07/27/07
- Medical Group: ERGOS Supporting Data Report dated 07/23/07 from D.C.
- Patient Profile for Plan Dates 01/01/07 to 12/31/07
- Pre-Authorization Request (starting date 08/27/07, ending date 09/21/07) from P.T.
- Initial Chronic Pain Management Treatment Plan (undated) from D.C.
- Patient Return To Work Agreement (undated) from Dr.
- Rational For Medical Necessity (undated)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Records indicate that the above captioned individual is female who was allegedly involved in an occupational incident resulting in injuries to the low back, right knee and right shoulder area. The history reveals that she tripped and fell while exiting a car. MRI examination revealed a 2mm disc herniation at the L5/S1 level and a 1mm disc bulge at the L4-5 level. The records reflect that she underwent a knee arthroscopic procedure in 01/2006. She has been treated with a litany of entities including medication management, physical therapy, orthopedic consults and chiropractic management. The records reflect that various inventories and interviews have yielded opinions that the injured individual has significant psychosocial overlay for which a chronic pain management program has been requested.

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

While the records do reflect that the injured individual exhibits a multitude of signs and symptoms suggesting significant psychosocial overlay, there are also a variety of significant negative predictors that would clearly threaten the success of the requested program. Specifically, the injured individual has (1) a poor outlook on the possibility of future employment. The records reflect empirically that the injured individual is “motivated to return to work”, however the records also reflect that she doubts her ability to be able to return to work and as well doubts her ability to function without ongoing care. Also, the injured individual has (2) very high levels of psychosocial distress evidenced by the various interviews and/or inventories. Moreover, there has been (3) a very long, protracted period of pre-referral disability. Fourthly, the records indicate that the injured individual has undergone a (4) protracted course of high opioid usage. The records are clear that the injured individual has not exhibited the ability to function independent of these medications. Lastly, there are well documented (5) uncontrolled, pre-treatment, very high levels of pain with obvious somatization and chronic pain behavior. These multiple factors would greatly threaten the success of the requested program and as such, the medical necessity is not established.

**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**
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**