



IMED, INC.

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DATE OF REVIEW: 10/08/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Additional chronic pain management five times a week for two weeks.

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

Texas License
Licensed Psychologist

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Left shoulder MRI dated 09/14/05.
2. Right shoulder MRI dated 02/07/06.
3. Left shoulder MRI arthrogram dated 01/05/07.
4. Reevaluation with Dr. dated 05/11/07.
5. Follow up with Dr. dated 05/24/07.
6. Case manager visit with Dr. dated 06/08/07.
7. Initial behavioral evaluation with MA, LPC dated 06/16/07.
8. Maximum Medical Improvement evaluation and report by Dr. dated 08/08/07.
9. Physical therapy reevaluation by PT, dated 08/28/07.
10. request and letter of medical necessity dated 08/29/07.
11. Initial denial dated 08/31/07, chronic pain programs, *ODG included*.
12. Letter of reconsideration dated 09/05/07.
13. Letter of medical necessity by Dr. dated 09/11/07.
14. Denial, *ODG Pain Chapter* included.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee is a year old male who reported an onset of numbness and tingling in the arms and bilateral shoulder pain as a result of repetitive jack hammering without proper protective equipment.

An initial MRI of the left shoulder revealed partial thickness tear of the infraspinatus tendon, mild tendinopathy, and mild subacromial subdeltoid bursitis. An MRI of the right shoulder revealed partial thickness tear of the rotator cuff and infraspinatus tendon, also mild tendinopathy and mild subacromial subdeltoid bursitis.

Treatment has included activity modification, medication management, active and passive physical therapy, injections, and shoulder surgeries (left in May, 2006 and the right in February, 2007. Of note, the employee had extensive postoperative physical therapy after both interventions.

Due to ongoing pain and pain behaviors, the employee was referred for behavioral evaluation on 06/16/07. At that time, the employee was reporting intermittently increasing pain levels interfering with activities of daily living and ability to work. Medications at that time included Rozerem, Skelaxin, and Lyrica. The employee reported no history of psychiatric issue or intervention. At that time, however, the employee reported lack of self control, disappointment with himself and inability to recover, decreased appetite, and loss of sleep. He also reported increased stress at home due to lack of income. He noted he was walking daily to alleviate some of his stress. A Beck Depression and Anxiety Inventory was completed. BDI was 37 and BAI was 32, both indicative of severe depression and anxiety. The diagnosis was provided as pain disorder with psychological factors and a general medical condition secondary to work related injury. The employee was recommended for psychotropic medication consultation and intervention, as well as participation in psychotherapy.

On 08/08/07, the employee was seen for a Maximum Medical Improvement (MMI) evaluation with Dr. The reviewer stated after thorough examination, statutory MMI was 05/30/07, clinical MMI however could not be determined. An impairment rating was determined to be 19%. Dr. recommended further impairment rating to include clinical MMI would be needed. Functional evaluation was also completed. It was determined overall function was decreased as much as 50% and the employee was deconditioned.

Subsequently, a physical therapy evaluation was completed on 08/28/07. This evaluation indicated the employee had also treated with six sessions of individual psych therapy and attempted a work hardening program. Dr. was recommending a pain management program; however, she also had not ruled out the need for future surgery. A functional assessment was completed. Range of motion in the shoulders was severely diminished. Lifting and static shoulder strength was also reduced. At that time, the employee was referred for chronic pain management.

On 08/29/07, a request for ten additional days in a chronic pain management program was requested. The letter of medical necessity implied the employee was status post sixteen of twenty approved days in the aforementioned program. Improvements were noted in irritability, anxiety, and depression. BDI was reduced to 17 and BAI to 20. However, there were no changes in pain, frustration, vocational plans, sleep, or forgetfulness. Mediations at that time included Ultram, Lyrica, Flexeril, and Lexapro. Lyrica had been discontinued. Physical performance noted only minimal improvement. Due to continued light physical demand level

and requirement of medium, as well as continued psychological factors, recommendation for continued CPMP was made.

On 08/31/07, a request was completed for participation in the additional ten days. However, this was denied due to lack of reasonable expectation for outcome of success given the extensive treatment to date. A letter of reconsideration was submitted.

The records reflect participation in twenty sessions of work hardening and had gone from a sedentary physical demand level to a light physical demand level in this timeframe. The letter goes on to address the other objective improvement and continued deficits. Dr. stated she felt these additional sessions were needed to reach the required physical demand level and to solidify use of effective pain management and coping skills to promote long term recovery and closure of the employee's case.

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

I would agree with the denials in that additional chronic pain management is not medically necessary. The employee has, in my opinion, made minimal significant progress to warrant continuation. I would also have to concur with the UR physician determinations that this employee does not meet recommended *Official Disability Guidelines* for continuation of care. Evidence-based guidelines also indicate that prolonged therapy does not have clear proven evidence of sustained gains over time and continued treatment would lead to system induced disability, as well as somatization, physician dependency, illness chronicity, and deconditioning, all of which are adverse effects to the employee.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines,

IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. The *Official Disability Guidelines*, Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th Edition).
- B. Evidence-based clinical practice guidelines for interdisciplinary rehabilitation of chronic nonmalignant pain syndrome employees. Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome employees. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41p.