

**C-IRO, Inc.**  
**An Independent Review Organization**  
7301 Ranch Rd. 620 N, Suite 155-199  
Austin, TX 78726

Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 30, 2007

**IRO CASE #:**

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

Chronic Pain Management Program – 20 Sessions (5x/week for 4 weeks)

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

MD, Board certified in pain management and anesthesiology under the American Board of Anesthesiologists.

**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"/>            | Overtured           | (Disagree)                       |
| <input type="checkbox"/>            | Partially Overtured | (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.

Based on the medical records supplied and the indications for a chronic pain management program cited in the Official Disability Guidelines, I feel that the patient is not a candidate for a chronic pain management program.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 1/23/07, 2/23/07, 3/27/07, 6/13/07, 9/4/07, 9/11/07  
Official Disability Guidelines  
Dr., Assessment, 12/14/06  
Dr., Notes, 2/13/07, 3/22/07, 4/5/07, 4/25/07, 5/12/07, 6/19/07, 8/1/07, 8/28/07  
Dr., Letter and Review, 6/8/07  
Insight Medical Diagnostics, 9/22/06, 4/5/07  
Dr., 1/24/06, 2/22/06, 3/8/06, 5/3/06, 5/10/06, 9/22/06, 11/15/06  
Dr., 10/18/06  
Dr., MES, 10/5/06  
Dr., 6/22/06  
Dr., 5/19/06  
Dr., Clinic Notes, 4/18/06, 5/2/06  
Records, 4/26/06  
MRI, 1/13/06  
Dr., 11/3/06

Dr., 12/19/05  
PT Notes, 1/16/06, 1/23/06  
Notes, 3/2/06  
Dr., 12/1/05, 12/5/05, 11/30/05

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was reportedly injured on xx/xx/xx when he was loading a work trailer. Specifically, he notes that he was loading a slab of cement with other people. The slab of cement weighed approximately 350 pounds. When picking up this slab of cement, one of the other people helping dropped the cement slab. When this happened, the patient notes that his back “popped.” The patient has been involved in physical therapy and has also received “bilateral L4, L5, S1 nerve root blocks.” Unfortunately, none of these treatments have provided the patient with any significant pain relief. There have been attempts at performing a discogram. Unfortunately, the patient could not tolerate the discogram and therefore they were not finished. I do not see any notes stating that the patient has been treated by a pain psychologist. The patient has seen numerous orthopedic surgeons. Dr. did not recommend surgery. Dr. recommended a disc arthroplasty. The patient has not received surgery according to the notes I have reviewed.

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

The main thing missing from this patient’s history is the assessment of negative predictors of success in a chronic pain management program. Per the Official Disability Guidelines, the negative predictors of success in a program should be addressed prior to starting this program. Items specifically mentioned include:

1. A negative relationship with the employer/supervisor.
2. Poor work adjustment and satisfaction.
3. Negative outlook without future employment.
4. High levels of psychosocial distress (higher pretreatment levels of depression, pain and disability).
5. Involvement in financial disability disputes.
6. Greater rates of smoking.
7. Duration of pre-referral disability time.
8. Prevalent opioid use.
9. Pre-treatment levels of pain.

Some of these issues are addressed, but a majority of them are not. In addition, there has not been an adequate psychological assessment performed. In fact, I do not see any psychological assessment in the current records that I have reviewed. The Official Disability Guidelines also recommends that an adequate and thorough evaluation be made including baseline functional testing so that follow up with the same test can note functional improvement. I do not see any functional capacity evaluations in the paperwork that I have reviewed. The Official Disability Guidelines also recommends that previous methods of treating the chronic pain have been unsuccessful. The patient has received very limited treatment thus far. He has only received one epidural steroid injection and physical therapy treatment. There potentially could be other beneficial interventional procedures that the patient may receive to help out his pain. In

addition, there has been no psychological counseling involved in treating this patient. There is also some question as to whether or not this patient is a candidate for surgery. Based on the medical records supplied and the indications for a chronic pain management program cited in the Official Disability Guidelines, I feel that the patient is not a candidate for a Chronic Pain Management Program – 20 Sessions (5x/week for 4 weeks).

**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
- 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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)