



One Sansome Street, Suite 600
 San Francisco, CA 94104-4448
 415.677.2000 Phone
 415.677.2195 Fax
 www.lumetra.com

Notice of Independent Review Decision

DATE OF REVIEW: 09-06-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Pain Management Program 10 sessions

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

Diplomate, American Chiropractic Academy of Neurology
 Diplomate, American Academy of Pain Management
 Eligible, American Board of Chiropractic Orthopedics
 Certified, Traffic Accident Reconstructionist
 Certified, Manipulation Under Anesthesia
 Qualified Medical Evaluator

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/Overturn
		Prospective	296.23	97799	10	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

IRO NOTICE OF DECISION - WC

Page 2

Review Determination Report Dates 07-05-07 & 07-31-07
Letter of Medical Necessity dated 07-20-07
Response to Denial Letter dated 07-06-07
Initial Diagnostic Screening Update dated 07-19-07 with attached 06-28-07 patient treatment goals & objectives for Chronic Pain Management Program (CPMP)
Initial Diagnostic Screening dated 06-29-07
CPMP Individualized Daily Treatment Plan dated 03-12-07 & attached description CPMP treatment modalities
Functional Capacity Evaluation (FCE) dated 05-29-07
Initial Report dated 08-13-04 and Follow-up Reports dated 12-30-04 & 04-07-05
Follow-up physician examination report dated 09-06-05
Follow-up Reports dated 02-23-06, 05-25-06, 06-29-06, 08-09-06, 09-13-06, & 03-06-07
Prescription: comprehensive pain management evaluation & treatment request dated 03-02-07
Work conditioning report dated 05-30-06 with 4-week program daily schedule
Operative report dated 03-02-06
Operative report 01-2005 (largely illegible)
Right elbow MRI report dated 10-04-04
Electrodiagnostic study dated 09-27-05
ODG TWC Guidelines - Pain

PATIENT CLINICAL HISTORY:

This claimant sustained an injury to the right elbow. Initial treatment included passive/active physical therapy (PT), injections, aquatic therapy, and work conditioning. Post surgery on 03-02-06, additional passive/active PT and work conditioning services were rendered. The treating practitioner's request for 10 sessions of CPMP was denied.

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

In reviewing the treating practitioner's request, the Reviewer noted that the FCE's ranges of motion for this claimant's right elbow appears to have been rounded up, suggesting a greater restriction than was actually measured. According to the practitioner's FCE findings, the patient had less than 10 degrees of reduced range of motion (ROM), which seems to be relatively close to full. The

IRO NOTICE OF DECISION - WC

Page 3

practitioner also did not address clear evidence of sub-maximal effort in dynamometer testing, in which she gripped approximately 25 to 28 pounds at all 5 JAMAR grip notches which is anatomically improbable, if at full effort.

Most significantly, the practitioner appears to attribute all of her functional limitations solely to her right elbow. The claimant's ability to push and pull 85 pounds appears to belie the practitioner's findings that her performance was at a "light level," with lifting measured with various motions as ranging from 13 to 19 pounds. This functional inconsistency may reflect the claimant's lack of volition, poor posture, pain that limited her ability to lift or possibly related to her non-industrial lower back complaints and treatment. As such, the Reviewer does not believe that the practitioner's documentation has shown that the claimant could achieve any functional gains from the requested Chronic Pain Management Program. Therefore, the Reviewer would recommend upholding the prior non-certifications, by recommending denial of the requested 10 sessions of CPMP at 5 days per week for 2 weeks as being not reasonable or necessary on an industrial basis.

Still further, the ACOEM Guidelines (pp. 43-45, 77, 90-92, 113-115, 234-236, 241, 242, 247) and the Official Disability Guidelines 10th edition (pg. 1132, et seq.) generally state and reference that if any individual's restoration is insignificant in relation to the extent and duration of the physical medicine services required to achieve such potential and restoration, then the services are not considered reasonable or necessary. It is also important to note that the ODG-TWC 2005 Edition (pp. 266-269 and 273-280) does not generally recommend chronic pain management programs solely for right elbow complaints, specifically excludes biofeedback and psychological therapy, and does not consider any of the three to be evidence-based, approved treatments for the claimant's diagnosed right epicondylitis condition. The practitioner's records do not show any objective functional improvement or show progression toward a self-directed care program (ODG-TWC pp. 982, 991, 994). Evidence of objective functional improvement is essential to establishing reasonableness and necessity of care and progression toward a self directed care program and maximizing activity tolerance (ACOEM pg. 92) are best practices and reduce somatization and physician dependence (ACOEM pg. 49; Mercy 119-122; InterQual 120).

Lumetra's Physician Reviewer has no known conflicts of interest in this case, pursuant to the Insurance Code Article 21.58A (Chapter 4201 effective April 1, 2007), Labor Code § 413.032, and § 12.203 of this title.

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)**