



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 04/28/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of a chronic pain management program

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

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)

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.

Twenty sessions of a chronic pain management program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness form dated xx/xx/xx
An evaluation with , M.D. dated 12/13/05
Evaluations with, D.O. dated 12/16/05, 12/22/05, 01/12/06, 01/19/06, and 02/01/06
Physical therapy with, L.P.T. dated 12/22/05, 12/23/05, 12/27/05, 12/30/05, 01/03/06, 01/11/06, and 01/12/06
An evaluation with, M.D. dated 01/05/06
An MRI of the lumbar spine interpreted by an unknown provider (no name or signature was available) dated 01/17/06
A facsimile report from dated 01/20/06
An MRI of the right shoulder interpreted by, M.D. dated 01/27/06
DWC-73 forms from, D.O. dated 02/06/06, 02/15/06, 03/01/06, 03/15/06, 04/03/06, 04/17/06, 05/02/06, 05/15/06, 06/15/06, 06/02/06, 06/30/06, 07/14/06, 08/01/06, 08/15/06, 09/01/06, 09/18/06, 10/02/06, 10/16/06, 11/01/06, 11/17/06, 12/01/06, 12/15/06, 01/02/07, 01/16/07, 01/31/07, 02/15/07, 03/02/07, 03/13/07, 03/30/07, 04/16/07, and 05/01/07
Evaluations with Dr. dated 02/06/06, 02/08/06, 02/10/06, 02/13/06, 02/15/06, 02/17/06, 02/21/06, 02/23/06, 02/27/06, 03/01/06, 03/03/06, 03/06/06, 03/08/06, 03/10/06, 03/13/06, 03/27/06, 03/29/06, 03/31/06, 04/03/06, 04/05/06, 04/07/06, 05/08/06, 05/10/06, 05/12/06, 05/15/06, 05/17/06, 05/19/06, 05/31/06, 06/02/06, 06/05/06, 06/06/06, 06/09/06, 06/12/06, 06/14/06, 06/15/06, 06/19/06, 06/21/06, 06/23/06, 06/26/06, 06/28/06, 06/30/06, 07/05/06, 07/07/06, 07/10/06, 07/12/06, 07/14/06, 07/17/06, 07/19/06, 07/21/06, 07/24/06, 07/26/06, 08/07/06, 08/09/06, 08/11/06, 08/14/06, 08/15/06, 08/21/06, 09/01/06, 09/12/06, 09/18/06, 09/24/06, 11/01/06, 11/20/06, 11/21/06, 11/27/06, 11/29/06, 12/01/06, 12/15/06, 03/02/07, and 03/30/07
Letters of approval, according to an unknown source, from, D.C. dated 02/07/06, 02/23/06, and 04/13/06
A medical documentation review from, M.D. dated 02/09/06
Letters of medical necessity from Dr. dated 02/10/06, 02/27/06, 02/28/06, and 03/02/06
A letter from Billing dated 02/10/06
Evaluations with, M.D. dated 02/16/06, 04/06/06, and 08/03/06
A Functional Capacity Evaluation (FCE) with, D.C. dated 02/20/06
Daily therapy programs with an unknown chiropractor (the signature was illegible) dated 02/27/06, 04/03/06, 04/05/06, 04/07/06, 05/08/06, 05/10/06, 05/15/06, 05/17/06, 05/19/06, and 06/02/06
Evaluations with, M.D. dated 03/20/06, 03/29/06, 06/01/06, 07/13/06, 08/17/06, 09/28/06, 10/20/06, and 12/20/06
Letters of approval, according to an unknown source, from, R.N. dated 03/24/06, 04/06/06, 05/31/06, and 01/02/07
Lumbar epidural steroid injections (ESIs) with, M.D. dated 03/30/06, 04/20/06, and 04/27/06
Letters of approval, according to an unknown source, from, L.V.N. dated 04/12/06, 05/25/06, 12/11/06, 10/10/07, and 10/15/07
An operative report from Dr. dated 05/05/06

An anesthesia record dated 05/05/06
After care patient instructions dated 05/05/06
A prescription from, M.D. dated 05/05/06
A physician order from Dr. dated 05/05/06
A letter from, R.N., Medical Case Manager at, dated 05/17/06
A request for travel reimbursement form dated 05/26/06
A CT scan of the lumbar spine interpreted by, M.D. dated 06/07/06
An evaluation with, D.O. dated 06/08/06
Express reports from dated 06/09/06, 08/06/06, 10/26/06, 11/17/06, and 01/25/07
Progress reports medical case management from Ms. dated 06/09/06
X-rays of the lumbar spine interpreted by, D.O. dated 06/09/06
A letter of adverse determination, according to the ACOEM Guidelines, from, M.D. dated 06/30/06
A letter of approval, according to an unknown source, from, M.D. dated 07/17/06
Medical case management reports from, R.N. dated 07/18/06, 08/21/06, 09/28/06, 10/26/06, and 01/25/07
A lumbar discogram CT scan interpreted by, M.D. dated 07/28/06
A prior authorization request form from Dr. dated 08/08/06
A letter of denial, according to an unknown source, from Dr. dated 08/09/06
Functional Capacity Evaluations (FCEs) with, D.C. dated 08/23/06 and 09/20/06
A psychological evaluation with, M.A., L.P.C. dated 08/24/06
Group therapy with Ms. dated 08/28/06 and 09/14/06
Occupational therapy with an unknown therapist (signature was illegible) dated 08/28/06, 09/11/06, 09/12/06, 09/13/06, 09/14/06, 09/15/06, 09/18/06, 09/19/06, 09/21/06, 09/22/06, 09/25/06, 09/26/06, 09/27/06, and 10/02/06
A Rehabilitation Weekly Cardiovascular sheet from the unknown therapist dated 08/28/06
A work hardening treatment plan from unknown providers (signatures were illegible) dated 08/28/06
Work hardening weekly report for the weeks of 08/28/06 through 09/01/06, 09/04/06 through 09/08/06, 09/11/06 through 09/15/06, 09/18/06 through 09/22/06, and 09/25/06 through 09/29/06
Health management program reports from Dr. dated 08/28/06, 08/29/06, 08/30/06, 08/31/06, 09/01/06, 09/05/06, 09/06/06, 09/07/06, 09/08/06, 09/11/06, 09/13/06, 09/14/06, 09/15/06, 09/18/06, 09/19/06, 09/20/06, 09/22/06, 09/25/06, 09/26/06, 09/27/06, 09/28/06, 09/29/06, 10/02/06, 10/03/06, and 10/04/06
Educational notes from Ms. dated 08/29/06, 08/30/06, 08/31/06, 09/01/06, 09/05/06, 09/06/06, 09/07/06, 09/08/06, 09/11/06, 09/12/06, 09/13/06, 09/15/06, 09/18/06, 09/19/06, 09/20/06, 09/21/06, 09/22/06, 09/25/06, 09/26/06, 09/27/06, 09/28/06, 09/29/06, 10/02/06, 10/03/06, and 10/04/06
Evaluations with, M.D. dated 08/30/06, 09/21/06, 10/05/06, and 11/07/06
A letter of adverse determination, according to the ACOEM Guidelines, from, M.D. dated 09/08/06
A Physical Performance Evaluation (PPE) with Dr. dated 09/08/06

Psychosocial progress notes from , M.S., M.Ed. dated 09/11/06, 09/14/06, 09/15/06, 09/18/06, 09/19/06, 09/20/06, 09/21/06, 09/22/06, 09/25/06, 09/26/06, 09/27/06, 09/28/06, and 09/29/06
Weekly cardiovascular sheets dated 09/15/06, 09/18/06, 09/19/06, 09/20/06, 09/22/06, 09/25/06, 09/26/06, 09/27/06, 10/02/06, 10/03/06, and 10/04/06
Evaluations with, M.D. dated 09/19/06 and 03/27/07
A letter of approval, according to an unknown source, from, M.D. dated 09/28/06
An Invoice from dated 09/29/06
A letter of approval, according to the ODG, from, M.D. dated 10/02/06
A prescription from Dr. dated 10/05/06
A work hardening discharge note from unknown providers (signatures were all illegible) dated 10/06/06
A letter of approval, according to an unknown source, from, M.D. dated 10/30/06
A claims processing instruction sheet dated 11/20/06
A letter of non-authorization, according to an unknown source, from Ms. dated 01/23/07
A letter of approval, according to an unknown source, from, M.D. dated 01/26/07
A lumbar myelogram CT scan interpreted by, M.D. dated 02/02/07
An evaluation with, M.D. dated 02/26/07
A Designated Doctor Evaluation with, M.D. dated 03/01/07
A DWC-73 form from Dr. dated 03/01/07
A physician's report of workers' compensation injury form from, M.D. dated 03/23/07
A diagnostic screen with Ms. dated 03/30/07
Letters of non-authorization, according to an unknown source, from , R.N. dated 04/12/07 and 04/24/07
An evaluation with, M.D. dated 04/19/07
A DWC-73 form from Dr. dated 04/19/07
A preauthorization request from Dr. dated 04/20/07
An MRI of the right shoulder interpreted by, M.D. dated 10/17/07
An insurance verification sheet dated 10/17/07
An evaluation with, M.Ed., L.P.C. dated 02/04/08
An FCE with, D.C. dated 02/04/08
An FCE and report from Ms. dated 02/20/08
An authorization request letter from Ms. dated 02/22/08
A letter of denial, according to the ODG Guidelines, from Dr. dated 02/25/08
A letter of preauthorization request, according to the ODG, from Dr. dated 02/28/08
A request for appeal letter from an unknown provider (no name or signature was available) dated 03/18/08
Preauthorization advisor review forms from Ms. and Dr. dated 03/24/08
A letter of non-authorization, according to the ODG, from, R.N. dated 03/26/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

This claimant allegedly injured his lower back on xx/xx/xx while merely bending over. He alleged an injury to his back, followed by injury to his right arm and shoulder, as a result of relying more on that arm due to his back pain. His initial complaint was of lumbar pain with no radiation into the lower extremities. A lumbar MRI on 01/17/06 was performed by an unknown provider and demonstrated a 6 mm. central disc herniation at L5-S1. An MRI of the right shoulder was performed on 01/27/06 and demonstrated tendinosis of the supraspinatus tendon but no tear or retraction and no pathology involving the rotator cuff. On 02/16/06, the claimant was evaluated by Dr., a neurosurgeon, who documented his complaint of lumbar pain with “intermittent shooting pain” into the left leg. Dr. recommended that the claimant undergo ESIs. On 03/20/06, the claimant was evaluated by Dr. for his complaint of right shoulder pain allegedly as a result of “excessively stressing his right shoulder due to the disability to his back and lower extremities.” Dr. injected the AC joint, after which the claimant reported only four hours of relief. On 04/30/06, the claimant had the first of three lumbar ESIs performed by Dr.. The second and third injections were performed on 04/20/06 and 04/27/06. On 05/05/06, Dr. performed right shoulder arthroscopy and noted in his operative report the absence of any evidence of rotator cuff tear or significant pathology. On 06/07/06, a CT scan of the lumbar spine was performed and interpreted by Dr. and demonstrated mild L3-L4 and L4-L5 disc bulges and a moderate-sized posterior central disc protrusion at L5-S1, the same results as the previous MRI. On 07/28/06, Dr. performed a three level lumbar discography that demonstrated normal morphology at L3-L4 and L4-L5, but 8/10 level concordant pain at the L3-L4 disc. The L5-S1 disc showed a posterior annular fissure with concordant 10+ pain. On 08/28/06, the claimant began the first of 30 sessions of a work hardening program before being discharged from the program on 10/06/06 to undergo lumbar surgery. On 10/23/06, Dr. performed a laminectomy and bilateral discectomy at the L5-S1 level. Postoperatively, the claimant reported absolutely no improvement in his pain. A myelogram was performed on 02/02/07, which demonstrated no significant canal stenosis and no evidence of lumbar nerve root impingement or sleeve compression. Additionally, there was no evidence of recurrent or residual disc herniation or nerve root compression. On 02/16/07, the claimant was seen by Dr., an orthopedic spine surgeon, who noted that the claimant’s report that surgery had provided him with no benefit and that he now had constant numbness to the left lower extremity. Dr. recommended that the claimant undergo anterior and posterior L5-S1 fusion. On 03/01/07, the claimant was evaluated by Dr.. Dr. stated the claimant was not at Maximum Medical Improvement (MMI) and noted his constant pain in the back and right shoulder with a pain level of 6/10. He also noted the claimant was obese and was five feet eight inches tall and weighed 244 pounds. On 10/17/07, a repeat MRI was performed to the right shoulder and documented only the postsurgical changes from the arthroscopic surgery with no evidence of partial or full thickness rotator cuff tear. On 02/04/08, the claimant was evaluated by Ms. for a “psychological evaluation” for admission to her chronic pain management program. She noted the claimant was not taking any pain medication and that his pain level was 7/10 in his back and 3-4/10 in the right shoulder. The claimant underwent Beck Anxiety and Beck Depression Inventory testing. Ms. noted the claimant’s appearance as “disheveled” and only “fair personal hygiene.” She

noted he was agitated and “severely depressed,” stating that he was in “dire” need of an anti-depressant. Apparently unaware that the claimant had already completed 30 sessions of a work hardening program, she recommended that the claimant be admitted for a 20 session work hardening program. Eighteen days later, however, Ms. apparently changed her mind and now recommended 20 sessions of her chronic pain management program. Two different advisors have subsequently reviewed the request for 20 sessions of her chronic pain management program, both of whom independently recommended non-authorization. Both of those reviews have been reviewed as part of my evaluation.

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

A chronic pain management program is only medically reasonable and necessary if all appropriate medical treatment and evaluations have been exhausted. In this case, there is documentation of the claimant being considered for some type of injection treatment (possibly a hardware block) which would clearly indicate that further treatment is being considered and that further evaluation is ongoing. Moreover, the claimant is not taking an anti-depressant and has not participated in lesser levels of psychological treatment such as individual counseling. He was, however, exposed to psychological treatment during the 30 sessions of the work hardening program, which clearly was ineffective based on his lack of any significant progress from that program. Therefore, there is certainly doubt as to whether any psychologically-based treatment would be beneficial. However, absent use of anti-depressants and exposure to individual counseling, it certainly cannot be said that the claimant has exhausted all appropriate medical treatment for his alleged depression. According to ODG treatment guidelines, chronic pain management programs “with proven successful outcomes” can be appropriate and recommended for treatment of chronic pain. The program submitting this request; however, has not submitted any outcome data whatsoever to substantiate whether that program, in fact, meets this criteria. Additionally, ODG treatment guidelines state that a chronic pain management program can be considered appropriate if a “thorough evaluation has been made, including baseline functional testing.” In this case, no such valid Functional Capacity Evaluation testing has been performed to determine a benchmark against which the claimant’s progress could be measured. Finally, ODG guidelines state that regarding psychological testing, that “at least one test should contain validity scales.” The current “gold standard” is the MMPI or MMPI-2. In this case, no such testing was performed, no validity testing was performed, and certainly no MMPI or MMPI-2 was performed. Therefore, this claimant has had neither an appropriate or thorough evaluation to determine candidacy for a chronic pain management program, nor has all appropriate medical treatment and evaluation been exhausted. He is, therefore, not an appropriate candidate for the requested 20 sessions of a pain management program. Finally, according to medical literature, it is not appropriate for a claimant to enter into a 20 session chronic pain management program initially. Therefore, for all of the reasons described above, this claimant is not an appropriate candidate for 20 sessions of a chronic pain management program. The previous recommendations for non-authorization, therefore, are upheld.

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 AND KNOWLEDGE BASE
- 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)