



REVIEWER'S REPORT

DATE OF REVIEW: 04/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic interdisciplinary pain management.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed a report from Dr. who performed electrodiagnostic testing on xx/xx/xx, identifying a right medial and lateral plantar neuropathy versus S1 radiculopathy of both.
2. I reviewed notes from Dr. orthopedic surgeon. He was diagnosed at that time with complex regional pain syndrome, right ankle.
3. I reviewed the Required Medical Examination Report of Dr., podiatrist, dated 05/18/07. He was diagnosed with “ankle sprain, soft tissue contusion with healed cortical fracture and no evidence of sympathetic dystrophy or internal derangement.” He was felt to have reached maximum medical improvement and could return to his previous occupation.
4. X-rays of the right knee on 02/19/07 were read by Dr. as showing “diffuse osteoporosis, no other abnormalities visible.” X-rays of the right calcaneus on the same day read by the same doctor show “minor compression of the right calcaneus. The fracture is healing in satisfactory position.”
5. I reviewed what appears to be a Functional Capacity Report dated 07/30/07. This was a summary. It was the conclusion of Dr. that he could no return to unrestricted work activities.
6. There was another chiropractic report from Dr. dated 09/06/07 where he was diagnosed with “complex regional pain syndrome, type 1, lower right leg and foot; lumbar intervertebral

disorder verified by MRI and EMG studies; lumbar facet syndrome, right myofascial syndrome.”

7. I reviewed a report from, M.Ed. dated 11/27/07. He was diagnosed with chronic pain syndrome along with symptoms of depression and anxiety.
8. I reviewed a physical performance examination report dated 11/27/07 from Dr., chiropractor. It was recommended he have a full medical and psychological consultation and ten sessions of chronic interdisciplinary pain management.
9. I reviewed notes from the chronic pain program in December 2007 into January 2008.
10. I reviewed the weekly summary of his physical condition on 01/15/08.
11. I reviewed an x-ray report of 01/18/08 from Dr. . The impression was “swelling just below the malleoli. I see no evidence of acute bony abnormality of the right ankle or foot. Small calcifications are seen in the medial side of the hindfoot on the AP view.” It should be noted there was no comment about osteoporosis being present.
12. I reviewed a report from Dr. pertaining to a 01/16/08 encounter. He felt the injured employee was at maximum medical improvement.
13. I reviewed additional notes from the interdisciplinary pain program commencing 01/18/08 and forward through 02/08/08.
14. I reviewed a report dated 02/11/08 from. The note indicates there was a request for an additional 15 sessions of chronic interdisciplinary pain management.
15. I reviewed a report from dated 02/14/08.
16. I reviewed a 03/06/08 report, which is not signed but is from Healthcare. The written note reflects that the injured employee has reduced his symptoms of depression from 30 down to 23 on the BDI and anxiety score from 37 to 31 with improved sleeping patterns and discontinuation of Tramadol. The note indicates that he is reaching a plateau with regard to his foot, although they felt he would benefit from CPM program. Goals were to continue stabilization of his depression and anxiety.
17. ODG guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

It appears as though the injured employee first developed problems in a work-related incident that occurred on xx/xx/xx when his foot was tied up in a tailgate, and he ended up having a fracture to the calcaneus with overlying contusion. The fracture went on to heal, and several physicians have found him to be at maximum medical improvement, leading up to the most recent request for an additional fifteen days of chronic interdisciplinary pain management. He has already completed work hardening as well as twenty sessions of chronic interdisciplinary pain management. There have been subtle gains noted over the twenty sessions of chronic interdisciplinary pain management, both with regards to his depression, anxiety, and to a lesser extent, his functional limitations on an orthopedic basis. He has been found after comprehensive examination not to have complex regional pain disorder. However, that diagnosis persists throughout the medical records. He has had additional treatment after twice being identified as being at maximum medical improvement.

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

It is my opinion that the residual deficits identified in these records are such that he can be managed on a strictly outpatient basis without the need for a chronic interdisciplinary pain program. Over the twenty days of the chronic interdisciplinary pain program he has already been exposed to, he should have acquired sufficient skills to carry this forward into his own home program. As it relates to any depression or anxiety, this can certainly be

managed on an outpatient basis without the requirement of being involved in an interdisciplinary pain management program.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)