

# **RYCO MedReview**

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 04/07/08

**IRO CASE #:**

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

Twenty sessions of a chronic pain management program five days a week for four weeks

### **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 five days a week for four weeks - Upheld

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An MRI of the lumbar spine interpreted by M.D. dated 05/10/06  
Lumbosacral spine x-rays and a CT scan of the lumbar spine interpreted by M.D. dated 10/25/06  
Evaluations with D.O. dated 12/06/06 and 01/24/07  
A procedure note from Dr. dated 12/20/06  
Evaluations with M.D. dated 01/22/07 and 02/19/07  
A lumbar discogram CT scan interpreted by M.D. dated 02/16/07  
A preauthorization request from Dr. dated 02/21/07  
A letter of adverse determination from M.D. dated 02/28/07  
An evaluation with M.Ed., L.P.C. dated 12/10/07  
Physical therapy with an unknown provider (no name or signature was available) dated 12/11/07, 12/12/07, 12/13/07, 12/14/07, 12/17/07, 12/20/07, 12/21/07, 12/26/07, 12/27/07, 12/28/07, 01/07/08, 01/09/08, 01/10/08, 01/11/08, 01/14/08, 01/15/08, 01/18/08, 01/22/08, and 01/23/08  
Daily program progress and symptom reports from D.C. dated 12/11/07, 12/12/07, 12/13/07, 12/14/07, 12/20/07, 12/21/07, 12/26/07, 12/27/07, 12/28/07, 01/04/08, 01/08/08, 01/09/08, 01/11/08, 01/14/08, 01/15/08, 01/18/08, and 01/23/08  
A Functional Capacity Evaluation (FCE) with Dr. dated 12/19/07  
Precertification requests from Rehabilitation Center dated 12/26/07, 01/23/08, and 01/31/08  
A preauthorization request from Dr. dated 12/26/07  
A Physical Performance Evaluation (PPE) with Dr. dated 01/16/08  
Precertification requests from Ms. dated 01/22/08, 02/01/08, and 02/29/08  
Work conditioning/hardening weekly progress notes from Dr. dated 01/24/08  
A treatment summary from Ms. dated 01/30/08  
A letter of adverse determination, according to the ODG, from M.D. dated 02/04/08  
A request for an appeal from Rehabilitation Center dated 02/22/08  
A letter of adverse determination, according to the ODG, from D.O. dated 02/25/08  
Evaluations with D.O. dated 02/25/08 and 03/17/08  
A procedure note from Dr. dated 03/06/08  
A preauthorization form from Dr. dated 03/25/08  
The ODG Guidelines were not provided by the carrier or the URA

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was allegedly injured while working on an air-conditioning compressor. He apparently was bending over when he heard a pop in his back, subsequently developing lumbar pain radiating to the left leg. The lumbar MRI scan on 05/10/06 demonstrated multiple levels of disc bulges from L2-L3 through L5-S1 but no spinal cord or nerve root

compression nor any foraminal or central canal stenosis of significance. A lumbar myelogram on 10/25/06 similarly demonstrated mild degenerative facet hypertrophy at L2-L3, L3-L4, and L4-L5 as well as anterior bulges at L2-L3, L3-L4, and L4-L5. The post myelogram demonstrated either no disc or mild disc bulges from L1-L2 through L5-S1 again with no evidence of spinal cord or nerve root compromise or compression and no evidence of disc herniation or nerve root filling defect. Dr. subsequently performed lumbar epidural steroid injections (ESIs) on 12/20/06. On 02/16/07, a two level lumbar discography was performed at L4-L5 and L5-S1 by Dr.. That study demonstrated no pain despite presence of an annular fissure at L4-L5 and lumbar pain radiating to the left leg with an annular fissure at L5-S1. The post myelogram CT scan confirmed those findings. On 12/10/07, a psychological evaluation was performed by Ms. . In that evaluation, she noted the patient was taking “OxyContin 750 mg.” every 12 hours and “hydro 500 mg.” every four hours. The patient was not, at that time, apparently taking an anti-depressant. A psychological screening test indicated evidence only of mild anxiety and depression. Ms. recommended that the patient begin another work hardening program. On 12/11/07, the patient began the first of 17 sessions of work hardening and completed treatment on 01/23/08. An FCE in the midst of the work hardening program indicating the patient’s pain level remained at essentially the same level and he was capable of functioning at a light-to-medium physical demand level. A second FCE was performed on 01/16/08 and documented that the patient had made absolutely no improvement or progress in his physical demand level. Dr. stated that that patient had now “exhausted” all other levels of treatment and should now be admitted to a chronic pain management program. Dr. referred the patient back to Ms. for another evaluation on 01/22/08. In that evaluation, Ms. also indicated the patient had exhausted all lower levels of care and met the criteria for chronic pain management program. However, no psychological testing or true psychological evaluation was documented. A final evaluation for completion of the 17 sessions of work hardening were completed on 01/24/08 and indicated the patient’s pain level was essentially unchanged at a level of 5/10 and indicated the patient had made minimal progress in his physical demand level. A request was then submitted for 20 sessions of a chronic pain management program. On 02/29/08, the patient was reevaluated by Ms. who now recommended, instead of a chronic pain management program, that the patient receive four sessions of individual psychological counseling. That request was submitted on 03/01/08. Dr. performed a caudal ESI and trigger point injection on 03/06/08 and followed-up with the patient on 03/17/08. He reported three or four days of good relief followed by subsequent pain return to only 30% relief. Physical examination documented “no clinical signs of radiculopathy,” yet Dr. recommended a repeat ESI and submitted that request on 03/25/08.

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

According to ODG treatment guidelines, a chronic pain management program is medically reasonable and necessary when all reasonable and appropriate medical treatment options and evaluations have been exhausted. It is

abundantly clear in this case that this criteria has not been and is not currently being met. In fact, this patient is continuing to receive secondary levels of treatment with Dr. consisting of lumbar epidural steroid injection. Clearly, therefore, this patient has not exhausted all appropriate medical treatment and evaluation. Additionally, the patient has not had any postoperative imaging studies to determine what the status of his lumbar spine is since surgery. It is, therefore, impossible for anyone to know whether this patient has any residual or recurrent pathology involving the lumbar spine that would otherwise require further treatment. Finally, it is abundantly clear that the requesting facility no longer feels that the patient requires a chronic pain management program, since the requestor herself has now changed the request from a chronic pain management program to four sessions of individual counseling.

Therefore, absent any sustained or continued request by the requesting facility, there is clearly no medical reason or necessity for this patient to be considered for the chronic pain management program that the requesting facility apparently no longer feels it to be medically necessary. Since the patient has clearly not exhausted all appropriate medical treatment options and evaluations, does not have any significant clinical evidence of psychological disturbances or manifestations of psychologist distress, and is, in fact, no longer being considered for the program by the requesting facility, there is clearly no medical reason or necessity for the requested twenty sessions of the chronic pain management program as related to the alleged work injury. Therefore, the previous evaluations recommending non-authorization 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 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)