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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 5, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
10 sessions of chronic pain management program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

REVIEW OUTCOME

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

☒ Upheld (Agree)

Medical documentation does not support the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization reviews (12/06/07 – 12/28/07)

- Office notes (11/13/07)
- Utilization reviews (12/06/07 – 12/28/07)

M.D.
- Office notes (11/13/07 – 01/18/07)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old male who was injured on xx/xx/xx. He was on a crane when packages of insulation, weighing approximately 50 lbs each, fell on his head. It knocked him to the ground and he was unconscious for approximately 15 minutes until co-workers found him. He injured his neck, lower back, and left knee.

In November 2007, , M.D., evaluated the patient and noted the following treatment history: *Magnetic resonance imaging (MRI) of the cervical spine obtained in March 2006 showed a 2-mm posterior central disc herniation at C4-C5 with mild right facet hypertrophy, a 2-mm central posterior disc herniation at C5-C6 with mild left uncinate hypertrophy resulting in mild narrowing of the left C5-C6 foramen, and a 2-mm broad-based posterior central disc herniation at C6-C7 with mild left uncinate joint hypertrophy resulting In mild narrowing of the left C6-C7 neural foramen. The patient underwent left knee surgery by Dr. , on May 25, 2006, which consisted of partial meniscectomy, tightening of anterior cruciate ligament (ACL), and chondroplasty. In addition, he was treated with three cervical epidural steroid injections (ESIs), physical therapy (PT), medications, and a brief course of individual psychotherapy. He was utilizing Vicodin ES, Flexeril, Neurontin, and a transdermal compound.* Dr. diagnosed pain disorder and major depressive disorder with mixed results from the previous treatments. He requested 20 sessions of chronic pain management program (CPMP).

On December 5, 2007, the request for 10 sessions of CPMP was denied with the following rationale: *The medical records submitted do not document any previous treatments that were rendered to this claimant. A peer to peer conservation was held with Dr., an associate of Dr.. Based on the medical information available, the claimant is not a candidate for a pain management program. There is a complete lack of documentation of prior medical treatment administered.*

On December 27, 2007, a request for reconsideration of 10 sessions of CPMP was denied by, M.D. Rationale: *I discussed with Dr. my concerns regarding the need for re-operation in this individuals left knee secondary to re-tear of his meniscus as well as Dr. pain management care up to date. The notes from Dr. indicate that this individual's pain is under good control pharmacologically and that he had responded well to injection therapy. A second peer to peer conference was then completed the next day. Dr. and I again discussed the issues. He indicated that the insurance company had refused to cover this individual's re-tear of his meniscus of his knee. He also indicated that he did not have significant medical records from Dr. to review and that he had not discussed the case with Dr.. It was his feeling that this individual had chronic pain syndrome and that he would benefit from the program as he was not feeling well with his current level of discomfort mainly coming from the knee. Based on review of the documentation supplied as well as two discussions with Dr., the requested program is recommended for non-certification as medically not necessary or appropriate for this individual. Since I do not have the details of this individual's first surgery or his current orthopedic pathology, I cannot comment further as to whether his need for repeat arthroscopy of his knee is a compensable process or not. Additionally, it was my impression based on notes*

from Dr. that this individual was under pain management and adequately responding and that he did not need chronic interdisciplinary pain management program. Dr. had not discussed the case in detail with Dr. and therefore there is confusion regarding his current pain management and whether he has failed his current pain management and requires an interdisciplinary pain program. Based on these two specific problems, the current request is recommended for non-certification as medically not necessary or appropriate.

On January 18, 2008, Dr. stated: *The patient does not have adequate pain and stress management skills and as a result, he has not been able to bring his anxiety and depression to manageable levels. He needs more aggressive intervention to control his depressive reaction. He needs specific pain and stress management training so that he will be more functional while dealing with his pain on a daily basis. He also needs to undergo significant vocational readjustment. Other treatment options have been exhausted. We have recommended that that patient undergo CPMP to address the psychological component of his injury.*

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

Patient appears to have exhausted all conservative care and surgery. He has delayed return to work. There was good substantial evidence that the evidence based treatments to date have been ineffective. There is no evidence in the provided notes that the patient has any chance of success compared to placebo or that any current or previous treatments have been effective. The entry criteria for a customized, individualized treatment program have not been fully met.

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

☒ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

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

Carette S, Leclaire R, Marcoux S, Morin F, Blaise GA, St-Pierre A, Truchon R, Parent F, Levesque J, Bergeron V, Montminy P, Blanchette C. Epidural Corticosteroid Injections for Sciatica Due to Herniated Nucleus Pulposus. *NEJM* 1997;336:1634-40.

Bigos SJ, Perils, pitfalls, and accomplishments of guidelines for treatment of back problems, *Neurol Clin* 1999 Feb;17(1):179-92

Hopwood MB, Abram SE, Factors associated with failure of lumbar epidural steroids, *Reg Anesth* 1993 Jul-Aug;18(4):238-43

Rozenberg S, Dubourg G, Khalifa P, Paolozzi L, Maheu E, Ravaud P, Efficacy of epidural steroids in low back pain and sciatica. A critical appraisal by a French Task Force of randomized trials. Critical Analysis Group of the French Society for Rheumatology, *Rev Rhum Engl Ed* 1999 Feb;66(2):79-85
Delport EG, Cucuzzella AR, Marley JK, Pruitt CM, Fisher JR. Treatment of lumbar spinal stenosis with epidural steroid injections: a retrospective outcome study. *Arch Phys Med Rehabil.* 2004 Mar;85(3):479-84.