

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 01/20/2008

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of a chronic pain management program (97799)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Neurologist and Fellowship-trained Pain Specialist, Board Certified in Neurology and Pain Medicine

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

Ten (10) sessions of a chronic pain management program are not medically necessary in this case.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Case Assignment
2. Letters of denial and criteria used in the denial (ODG)
3. Evaluations dated 09/19/07 and 11/05/07
4. PPE, 10/11/07
5. Treatment documentation for 09/07, 10/07, and 11/07
6. Packet presented by Sedgwick CMS

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant sustained a work-related injury. The injury reportedly resulted in right knee pain and left-sided neck pain. The claimant has undergone various evaluations and treatments including imaging of the cervical spine, right knee, and lumbar spine as well as EMG studies. She has undergone physical therapy, as well as a work hardening program with treatment modalities that have included TENS unit, ultrasound, massage, stretching, heat and ice therapy, topical analgesics, and medications that have included tramadol as well as Darvocet. She has undergone pain management consultation with injections done into the cervical spine including epidural steroid injections as well as treatment for the facet joints, which have been reportedly successful in reducing her neck symptoms.

The claimant's main complaint now appears to be the right knee pain, which is described as sharp, stabbing, aching, and is reportedly tender on examination. The claimant reportedly does have

some psychological/emotional consequences from the chronic pain and inability to return to work to her usual capacity, including some depression, anxiety, and difficulty with sleep. Despite the improvements she has noted to her cervical symptoms, her knee pain continues to be problematic, for which the chronic pain management program has been suggested, in addition to some of the psychological/emotional consequences that have been attributed to the injury.

Though some records seem to indicate that orthopedic consultations have taken place, this reviewer does not see any evidence that such consultations indeed took place, as these are not summarized in any of the reports that were available, and there are no reports from an orthopedic specialist included. It does appear that this claimant has given valid effort in her physical performance evaluations, and notes appear to indicate that she does indeed desire to work at her previous capacity.

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

I am not necessarily in agreement with the previous reviews that led to denial of the requested service, specifically that the chronic pain management program should be denied based on the fact that she has made "no appreciable gains" with the treatments that have thus far been provided as it pertains to her knee pain. It is this consequence, namely non-response or minimal response to various outpatient treatment modalities, along with psychological and emotional consequences such as depression, anxiety, etc., that, in this reviewer's opinion, should justify eventual referral to a multidisciplinary chronic pain management program.

However, I am in agreement that there does not appear that an orthopedic consultation has been conducted. Additionally, the pain management physician who had treated her cervical spine does not appear to have addressed the knee symptoms or condition. Therefore, as the records provided for review indicate, it is certainly possible that other treatment modalities pertaining to the right knee are still available and have not been yet provided to the patient.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPH-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 judgment, 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).

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_____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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