



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 01/02/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of a chronic behavioral pain management program

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

Fellowship Trained in Pain Management, ABA Board Certified in Anesthesiology, Certificate of 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.

10 sessions of a chronic behavioral pain management program – Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X-rays of the cervical spine interpreted by M.D. dated 08/02/06
Evaluations with M.D. dated 08/03/06, 08/10/06, 08/28/06, 10/02/06, 11/20/06, 01/10/07, 01/24/07, and 02/05/07
A physical therapy prescription from Dr. dated 08/10/06
DWC-73 forms from Dr. dated 08/10/06, 10/02/06, and 11/20/06
An evaluation with L.P.T. dated 08/17/06
Physical therapy with Mr. and P.T.A. dated 08/31/06, 09/01/06, 09/06/06, 09/07/06, 09/08/06, 09/11/06, 09/13/06, 09/14/06, and 09/18/06
An MRI of the cervical spine interpreted by M.D. dated 01/22/07
An MRI of the right shoulder interpreted by M.D. dated 01/22/07
Designated Doctor Evaluations with M.D. dated 03/20/07 and 11/20/07
A letter from Dr. dated 03/26/07
Notices of Disputed Issues forms dated 04/05/07, 04/26/07, and 09/20/07
An impairment rating review from M.D. dated 04/15/07
Requests for a letter of clarification from at Center dated 04/26/07 and 12/11/07
Evaluations with M.D. dated 05/18/07, 05/29/07, and 07/12/07
A physical therapy request from P.A.-C. dated 05/18/07
An MRI of the left shoulder interpreted by M.D. dated 05/23/07
Letters from Officer at TDI, dated 05/30/07 and 07/18/07
Evaluations with P.T. dated 06/05/07 and 07/10/07
Letters from Dr. dated 06/06/07 and 08/03/07
Physical therapy with P.T.A. dated 06/18/07, 06/19/07, 06/21/07, 06/26/07, 06/27/07, 06/29/07, and 07/09/07
Evaluations with D.C. dated 08/15/07, 08/23/07, 08/27/07, 08/30/07, 09/07/07, 10/08/07, and 10/24/07
An EMG/NCV study interpreted by M.D. dated 08/30/07
Physical Performance Evaluations (PPEs) with M.S. and Dr. (no credentials were listed) dated 09/07/07 and 10/08/07
DWC-73 forms from Dr. dated 10/02/07 and 11/08/07
A psychological evaluation with M.S., L.P.C. dated 10/08/07
A letter of non-certification, according to the ODG Guidelines, from Ph.D. dated 10/23/07
A letter of appeal from Ms. dated 11/07/07
A letter of non-certification, according to the ODG Guidelines, from Ph.D. dated 11/16/07
A Required Medical Evaluation (RME) with Dr. dated 11/19/07
An undated report from L.P.C.
The ODG Guidelines were provided by the carrier or the URA

PATIENT CLINICAL HISTORY

This claimant was allegedly injured when a patient that she was assisting at the dialysis center slipped and the claimant grabbed the patient, with both of them falling to the ground.

The claimant had a prior history of C5-6 and C6-7 anterior cervical fusion performed by Dr. on 03/16/2005 and revised on 05/11/2005.

An MRI demonstrated presence of the fusion with facet arthropathy below the fusion. There was, however, no evidence of disc herniations, spinal cord compromise, or nerve root compromise.

The claimant was evaluated by Dr. on 08/03/2006 complaining of pain in her neck and left shoulder only. Physical exam documented no neurological deficits and no tenderness in the neck. Range of motion was full and nonpainful in both shoulders. Motor and sensory examination of both upper extremities was entirely normal. The claimant was referred for physical therapy, completing twelve sessions by the end of September, 2006.

Dr. reevaluated the claimant on 10/02/2006, now documenting a minimal pain level of 2-3/10 as well as the claimant's subjective analysis that her pain symptoms had decreased. There was still no mention of any pain other than neck and left shoulder.

On 01/10/2007, however, the claimant returned to Dr., now complaining of increasing pain in the RIGHT shoulder, some months after the alleged injury.

Dr. referred the claimant for cervical and right shoulder MRIs on 01/22/2007. The cervical MRIs demonstrated bone spurs at C5-6 and C6-7 but no specific nerve root or spinal cord compression. There was no mention of recurrent or residual disc herniation at the levels of the fusion. The right shoulder MRI demonstrated tendinosis and a partial tear of the supraspinatus tendon as well as a SLAP tear and marked degeneration of the rotator cuff. AC joint osteoarthritis and a distal clavicle bone spur were also noted.

A Designated Doctor Evaluation was then performed on 03/20/2007 by Dr., who noted that the claimant's primary complaint now involved only her right shoulder with improvement in the cervical spine and left shoulder. He stated the claimant had reached MMI for the compensable injury to the left shoulder and neck and awarded her a 5% Whole Person Impairment Rating.

The insurance carrier then submitted a Notice of Dispute regarding any relatedness of the right shoulder or of the effect of the cervical spine surgery that predated the alleged work injury.

Dr. evaluated the claimant on 05/18/2007, noting her primary complaint of left shoulder pain. Physical examination, however, involved only the right shoulder.

A left shoulder MRI was then performed at the request of Dr. on 05/23/2007, demonstrating no partial or full thickness tear and only mild subscapularis tendonitis.

The claimant then completed twelve more sessions of physical therapy between June and July of 2007, returning to Dr. on 07/12/2007 still complaining of primarily right shoulder pain. Physical exam documented a normal left shoulder exam, normal strength and normal range of motion of the left shoulder with no neurologic abnormalities.

Dr. recommended referral to a spine surgeon as well as reconsideration of inclusion of the right shoulder injury. The claimant was then referred to D.C., on 08/23/2007, who recommended referral back to Dr. for shoulder surgery, referral for upper extremity electrodiagnostic studies, and referral to a chronic pain management program.

Dr. performed electrodiagnostic studies on 08/30/2007, which demonstrated nothing more than "very mild left carpal tunnel syndrome." There was no evidence of neuropathy or radiculopathy.

Physical Performance Evaluation was then performed on 09/07/2007, demonstrating the claimant's the ability to function at a sedentary/light level. However, there was no cardiovascular data or hemodynamic data presented which would, therefore, invalidate the test as there could be no valid analysis as to whether the claimant was, in fact, putting forth a valid effort.

The carrier then filed a dispute regarding relatedness of left carpal tunnel syndrome on 09/20/2007.

On 10/08/2007, LPC, performed a "psychologic evaluation" to determine whether the claimant should be admitted for a chronic pain management program. He indicated that he claimant was currently taking only hydrocodone 10 mg every four hours for pain, as well as medicine for blood pressure. Mr. psychologic evaluation included only the claimant's subjective reports of complaints, as well as Beck Anxiety score of 17 and Beck Depression Inventory score of 30. Mr. recommended the claimant be admitted to the chronic pain management program where he was employed.

Another Physical Performance Evaluation was performed on 10/08/2007, there was still no documentation of hemodynamic or cardiovascular data to indicated whether a valid effort was put forth, invalidating the results. Two separate advisors subsequently reviewed the request for ten sessions of the chronic pain management program. Both recommended non-authorization.

On 11/19/2007, the claimant was evaluated for a Designated Independent Medical Evaluation by Dr. In that evaluation, he noted that the claimant's compensable injuries to the neck and left shoulder had resolved and that she was "back to pre-injury status." He stated that it was "amazing" that the claimant had no complaints of right shoulder pain despite having a slack lesion, stating that "I do not see how a patient with a slack lesion in this degree could go four months without a physician noting significant complaints and problems with loss of motion in that shoulder."

Finally, a repeat Designated Doctor Evaluation was performed on 11/20/2007 by Dr. and in this evaluation, he again reiterated the claimant's injury occurred to the left shoulder, but that the claimant's current complaints involved primarily the right shoulder. He did, however, state that the compensable injury should extend to the right shoulder and found plausible the claimant's explanation that her neck and left shoulder pain had been so severe that she did not even notice the right shoulder pain for almost five months following the alleged injury.

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

A chronic pain management program is not medically reasonable or necessary for treatment of an alleged work injury unless all appropriate medical treatment and evaluation options have been exhausted. In this case, this criterion has not been met. This claimant has not even had a trial of lesser levels of psychologic care such as individual counseling. Moreover, the claimant has ongoing significant pain complaints involving her right shoulder which, whether compensable or not, will clearly impede any progress that could possibly be made through a psychologically based program. No amount of psychologically based treatment can substitute for appropriate orthopedic treatment of rotator cuff tear, whether that tear is considered compensable or not. The pain from that tear, as well as the tear itself, need to be taken care of orthopedically to treat the claimant's pain, as it is not medically reasonable, necessary, or appropriate to attempt treatment of a rotator cuff tear through psychologically based programs. Moreover, there is no documentation of the claimant having significant psychologic problems, although there is clear documentation of her ongoing right shoulder pain and stiffness complaints; complaints which can clearly be attributed to the rotator cuff tear that has been identified on MRI. Therefore, whether or not the right shoulder is deemed compensable, the pain in the right shoulder due to the rotator cuff tear must be taken care of medically before any consideration can be made for admission to a tertiary care program such as a chronic pain management program. Even when the claimant's neck and left shoulder complaints were significantly improved according to Dr., some weeks following the alleged injury, there was absolutely no mention made of any right

shoulder pain complaints until almost months later. Therefore, the claimant's assertion that the overwhelming pain in her neck and left shoulder obscured the pain in her right shoulder is simply not borne out by the medical records as there was no mention whatsoever made of right shoulder pain on 10/02/2006 when the claimant's pain level was at a minimal 2-3/10 level. I also reiterate that the pain of that right shoulder condition must be dealt with medically before any consideration can be made of admission to a tertiary care program. Additionally, lesser levels of psychologic treatment must be exhausted before consideration of a tertiary care program such as a chronic pain management program. Therefore, the recommended non-authorizations for admission for ten sessions of a chronic pain management program are upheld as the program is not medically reasonable or necessary for treatment of the compensable injury.

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)**