



REVIEWER'S REPORT

DATE OF REVIEW: 03/14/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Chronic pain management program.

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. dated 11/23/92, indicating date of injury xx/xx/xxxx. Reference is made to a discectomy at L4 on 01/06/92 but persistent right leg pain and numbness.
2. I reviewed a 10/07/91 note from a physician whose signature is illegible. The note indicates the claimant “fell off a bugay” at work and “landed on his back.”
3. I reviewed a 12/13/91 note from Dr. who indicated that he discussed surgical procedure with the injured employee.
4. On 01/02/92 he was diagnosed with a right L4/L5 discectomy.
5. I reviewed the operative note of 01/06/92, which was “discectomy, L4/L5, right side, with foraminotomy.”
6. I reviewed a note from Dr. dated 01/10/92 discussing a fusion.
7. I reviewed a 01/14/92 report from Dr. who indicated that he was pleased with his progress.
8. On 02/26/92 Dr. indicated he felt that the injured employee would be able to return to work in June 1992.

9. On 04/08/92 he was having continued symptoms for which a repeat MRI scan was performed.
10. On 04/15/92 Dr. reviewed the MRI scan of the lumbar spine as follows: "L4/L5 minimal residual disc bulging is not associated with reherniation of visible disc fragment. The mild to moderate fibrovascular granulation tissue nearly surrounds the right L5 nerve root immediately caudal to the level of the disc, but it is not associated with visible deviation or enlargement of the nerve/sheath. The amount of granulation tissue was relatively small, considering the recent timing of the operation. The partial right L5 laminectomy has been performed in addition to the partial discectomy. Mild disc desiccation and posterior bulging at multiple other disc levels is of no visible neurological consequence."
11. I reviewed a 05/08/92 report from Dr. who anticipated maximum medical improvement to occur in July or August 1992.
12. He saw Dr. on 07/23/92. His impression was "status post lumbar disc surgery, history of paresthesias, numbness of the perineal area with urinary and fecal frequency, history of back pain, and numbness, right lateral leg and right great toe." He recommended an MRI scan.
13. On 08/06/92 Dr. indicated that the electrodiagnostic testing found right L5 radiculopathy. He indicated the MRI scan of the thoracic spine and conus were essentially normal.
14. On 03/15/93 he was complaining of symptoms in his back and right leg to Dr.
15. On 03/15/93 he was felt to have "late postoperative lumbar radicular syndrome and disc degeneration at L2/L3, L3/L4, L4/L5 and L5/S1." He was going to be admitted to the spinal and chronic pain center at that time. He was discharged to go to Specialty Hospital on 04/09/93, having been admitted on 03/15/93. It was noted that he was felt not be a candidate to return to work and was encouraged to apply for Social Security disability both by Dr. as well as apparently by Dr., according to his note. Dr., however, is not a physician. His degree is Ed.D.
16. I reviewed an MRI scan of 07/29/93, which was of the entire cervical spine, thoracic spine, and lumbar spine. There was no evidence of spinal cord impingement.
17. I reviewed a 08/17/93 report from Dr.. Primary complaint was bowel incontinence at that time. He now recommended an MRI scan of the brain and pelvis.
18. I reviewed notes from Dr. dated 01/21/03 as well as 02/06/03.
19. I reviewed notes from Dr. dated 11/20/04. He diagnosed chronic low back pain secondary to failed back surgery.
20. I reviewed a note from Dr. dated 12/22/04 and 06/20/05.
21. I reviewed subsequent notes from Dr. of 09/28/05 and 12/28/05. He was diagnosed with "traumatic lumbago with radiculopathy and clinical depression."
22. I reviewed a report from Ph.D. dated 01/17/08.
23. I reviewed a report dated 03/06/07 from Dr.
24. I reviewed ongoing notes from Dr. on 05/31/07 as well as 08/31/07.
25. Apparently Dr. died on 10/14/06, and he began treatment with other physicians.
26. I reviewed a report from Dr. dated 07/05/07.
27. I reviewed a 01/23/08 report from L.P.C. where he was diagnosed with "chronic pain disorder resulting from work injury." At that time he was taking Daypro, Zantac, and Elavil. He had a mild level of depression and mild level of anxiety.

28. I reviewed a report from Dr. chiropractor, from 01/09/08.
29. I reviewed a 02/15/08 report from Dr.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The employee injured his lower back at work. Following this, he underwent an L4/L5 laminectomy and went on to have intermittent treatment and diagnostic testing over the years. He has had episodes of urinary and fecal incontinence. Neurological studies failed to elicit a reason for that. He does have some epidural scarring in the lumbar spine. He did go through a chronic pain program in the 1990s. He has been determined to be at maximum medical improvement.

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

The injured employee is not taking any pain medications at this time. Although Dr. states he has functional limitations, these are not chronicled in any fashion other than to make the statement. He does not appear to have any vocational pursuits available to him. His condition is obviously chronic, extending seventeen years now. He has been through this chronic pain program once before. His exposure to various therapeutic interventions over the years has not significantly affected his symptomatology, and it is my opinion that a chronic pain program will likewise not do so. His psychological factors, that being mild depression and anxiety, does not, in my opinion, require the integrated component of mental health intervention in a chronic pain program. This could certainly be managed with outpatient therapy.

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.)