



REVIEWER'S REPORT

DATE OF REVIEW: 11/09/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical necessity of medications.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board Certified in Physical Medicine and Rehabilitation, and 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 have reviewed extensive medical records on the above individual. The records begin in May 1999 when the injured employee was seen for pain in her side.
2. On 08/12/99 she was seen by Dr. for right knee pain and left foot pain.
3. EMG study on 08/16/99 by Dr. of the left lower extremity showed, “The EMG findings are those of a mild, acute left S1 radiculopathy. Clinical correlation is recommended.”
4. I reviewed a 08/18/99 report from Dr. He recommended an MRI scan of her lower back.
5. I reviewed notes from Dr. with regards to her hypertension. He saw her on 08/23/99.
6. I reviewed a bone scan report dated 09/28/99, which shows “increased radiotracer uptake in a sternal joint, right knee, and left ankle are likely degenerative in nature. No other abnormalities are seen.” This is signed by Dr..
7. Bilateral lower extremity venous Doppler on 10/07/99 read by Dr. shows “no evidence of deep vein thrombosis in the common femoral veins, superficial femoral veins, popliteal veins, and posterior tibial veins bilaterally.”
8. I reviewed a note from Dr. dated 10/15/99 where he was referring her to Dr. for evaluation of “polyclonal gammopathy.”

9. MRI scan of the lumbar spine was read by Dr. as being "normal" on 12/14/99.
10. Lower extremity venous Doppler on 12/14/99 showed "no evidence of deep vein thrombosis, slight valvular incompetence of the left proximal superficial femoral vein, 3.3 x 1.3 x 1.6-cm Baker's cyst within the popliteal fossa."
11. I reviewed a report from Dr. dated 01/20/00. It was felt she had two symptoms consistent with two-level lumbar stenosis and degenerative disc disease of the lumbar spine.
12. Dr. recommended epidural steroid injections. The notation of 03/2000 indicated she had significant relief for two weeks following the first epidural steroid injection.
13. I reviewed physical therapy notes.
14. On 05/25/00 Dr. indicated she had had three lumbar epidural steroid injections but was still having extreme symptoms of neurogenic claudication. Surgery was planned but cancelled due to the anemia.
15. I reviewed a Designated Doctor Evaluation, which is not signed or dated.
16. I reviewed a report from Dr. dated 11/16/00 relative to her anemia.
17. I reviewed notes from Dr., orthopedic surgeon, from 12/17/00.
18. She saw Dr. on 05/29/01. He agreed with the proposed surgery recommended by Dr..
19. She did have surgery and then on 12/06/01 saw Dr. in followup.
20. On 02/27/02 Dr. felt she had attained maximum medical improvement and gave her a 25% impairment rating.
21. She was seen by Dr. on 05/08/02 for intractable pain.
22. On 07/25/02 she was ambulating with a cane, going to Dr.
23. On 10/14/02 Dr. saw her. He makes reference to a laminectomy from L3 to L5.
24. I reviewed an 11/14/02 medical record review from Dr..
25. There was a 12/03/02 MRI scan report from Dr., which reads, "Findings are consistent with moderate spinal stenosis at the L2/L3 level and mild to moderate spinal stenosis at the L3/L4 level secondary to the hypertrophic changes in the posterior facet and slight annular bulges at these levels. At the L4/L5 level there is very mild annular bulge central toward the left side with minimal enhancement following infusion of Omni scan associated with mild hypertrophic changes seen in the posterior facets and with slight narrowing of the canal at the L4/L5 level. At the L5/S1 level there is mild to moderate spinal stenosis secondary to hypertrophic changes on the posterior facets producing narrowing of the lateral recess and narrowing of the canal. There are mild inflammatory changes seen within the nerve roots suggesting some degree of inflammatory change. Narrowing of the lateral recesses at the L3/L4 level is slightly greater on the left than on the right. Suggest myelography to more completely evaluate the lumbar canal in view of the somewhat diminished visualization provided in this study."
26. On 11/20/03 Dr. did an arthrogram of the sacroiliac joints. He indicated that she was status post lumbar fusion.
27. On 02/12/04 she underwent lysis of adhesions by Dr. .
28. On 05/14/04 Dr. thought she was a candidate for a spinal cord stimulator.
29. I reviewed a report from Dr. dated 07/28/04.
30. There is another note from 08/10/04 from Dr..
31. On 08/12/04 Dr. indicated she was in a wheelchair now with ongoing back pain.

32. I reviewed a report from Dr. dated 10/04/04. Dr. agreed with the use of a possible spinal cord stimulator or other pain-relieving procedures.
33. I reviewed various progress notes from Dr. where he was diagnosing chronic intractable nonmalignant pain.
34. I reviewed a 04/06/07 report from Dr.. He did not feel she needed any further diagnostic therapy, physical therapy, surgery referrals, durable medical equipment, or other treatment based upon the 01/01/99 injury.
35. She underwent computerized muscle testing and range of motion testing on 05/01/07.
36. I reviewed notes from where she received physical therapy in the spring of 2007.
37. I reviewed a 05/15/07 report from Dr., basically arguing about the need for medications, contrasting the report from Dr..
38. On 09/10/07 Dr. stated that the injured employee could barely walk, was using two cans, and needed to be carried into the exam room with complaints of extreme pain. She was going through withdrawal from both Lortab and Xanax.
39. On 10/08/07 she was prescribed Skelaxin 800 mg, Celebrex 200 mg, Xanax 1 mg, and Lortab 10 mg.
40. I reviewed a 01/23/08 report from Dr.. He indicated that she had had several back surgeries without success and they were only able to handle her pain through medication. He went on to say she is no longer a surgical candidate.
41. In a report from Dr. dated 07/18/08, he only indicates one surgery that was performed, and that was an L3/L4 and L4/L5 laminectomy in 2001. He felt she was severely deconditioned.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee apparently injured her lower back in xxxx while lifting a patient at work. She went on to have extensive physical therapy, injection therapy, and ultimately a two-level laminectomy. This all failed to resolve her symptoms. She had sacroiliac joint injections. At one point she was being considered for a spinal cord stimulator. Now she is being maintained on pain medications. As of 01/23/08 note, she was taking Lortab 10/650 mg, and Xanax 1 mg.

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

Irrespective of causation, this individual has chronic low back pain most appropriately categorized as a surgical failed back syndrome. She has a chronic pain syndrome associated with that. She apparently has some element of depression. She has degenerative changes in her spine and is de-conditioned. Use of Lortab 10/325 mg is reasonable. Xanax is being used for depression. However, this is an anti-anxiety medication and not classic for use of depression. In summary, I am in agreement with the occasional use of pain medication. Use of an anti-anxiety medication would be unreasonable.

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