



**DATE OF REVIEW:** 11/22/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic pain management.

**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:**

I have reviewed extensive medical records on the above individual.

1. I reviewed a reconsideration letter dated 10/09/08 from nurse .
2. I reviewed a report from , Ph.D., dated 11/07/08.
3. I reviewed notes from dated 08/22/08. This is a functional performance evaluation, which concluded that she was functioning at a medium physical demand level with the diagnosis of lumbar radiculitis, internal derangement left knee, internal derangement left ankle, sprain/strain of hip/thigh.
4. I reviewed a note from 10/09/08 from , Ph.D.
5. I reviewed notes from the where she was evaluated on 12/12/07 by Dr. , chiropractor.
6. I reviewed the initial evaluation from Dr. dated 09/15/07. She was diagnosed with “lumbar nerve root irritation, lumbar facet arthropathy, muscle spasms, hamstring tendon tear, left knee pain.”
7. I reviewed the 01/04/08 note from the same doctor. On that day she had positive straight leg raising for localized hip, thigh, and low back pain at 20 degrees of the lower extremities bilaterally. This was a negative straight leg raising test because the nerve roots are not stretched at that point. Nonetheless, the diagnoses were “lumbar radiculitis,

rule out internal derangement of the left knee, rule out internal derangement of the left ankle, sprain/strain of lower extremities bilaterally.”

8. On 01/23/08 she was again seen at the same facility. The diagnoses were the same. Work conditioning was recommended.

9. There is a letter indicating there was a 01/02/08 letter from Dr. who found a left hamstring tear proximally and a left knee meniscal tear.

10. She was re-evaluated on 04/02/08 by Dr. with lumbar radiculitis, hamstring strain/sprain, internal derangement of the left knee, rule out internal derangement of the left ankle as working diagnoses.

11. There apparently was a 11/08/07 MRI scan of the lumbar spine read by Dr. , which showed “desiccation with diffuse protrusion, mild borderline spinal stenosis, mild arthropathy of the facets, and mild foraminal encroachment at L3/L4. Mild desiccation with advanced arthropathy of the facets, mild spinal stenosis with bilateral foraminal encroachment, left worse than right, and mild spinal stenosis at L4/L5. Mild desiccation with mild to moderate arthropathy of the facets and bulge/protrusion with mild to moderate right foraminal encroachment at L5/S1. Soft tissue structures along the posterior aspect of the uterus suggestive of fibroid.”

12. MRI scan of the pelvis and hips showed “complete tear of the hamstring tendon insertion with a large gap and significant fluid collection in keeping with hematoma at the posterior aspect of the left thigh. Right periuterine mass, probably representing fibroid. Right adnexal mass lesion, however, cannot be excluded. Consideration of sonography is suggested.

13. MRI scan of the left knee read by Dr. on 12/09/07 shows “small effusion with a small popliteal cyst. Moderate degenerative changes of the femoral tibial compartment. Degeneration of the medial and lateral menisci with a probable small radial tear at the posterior horn of the medial meniscus. Degeneration of the ACL. Chondromalacia of the distal femur, and chondromalacia of the femoral condyles.”

14. MRI scan of the left thigh on 03/17/08 read by Dr. shows “significant improvement, almost complete resolution of the previously noted fluid collection of the left thigh with persistent tear and retraction with superior insertion of the hamstring with atrophy. Previously noted right adnexal mass is not covered on the study. Again, re-evaluation with sonography or MRI scan of the pelvis is suggested if clinically needed. No other abnormality is identified.”

15. Apparently there was a Designated Doctor Evaluation by Dr. who felt she was not at maximum medical improvement. However, the date was not available for that study.

16. She was seen on 06/19/08 by Dr. who thought she had a hamstring tear and was eight months out from the injury, which was now healed, and the left knee was normal on clinical exam, although the exam showed degenerative changes. The MRI scan of the low back reflected degenerative changes, as well, without specific injury, in his opinion. He did feel she was at maximum medical improvement with a 0% impairment rating.

17. I reviewed a 07/08/08 Functional Capacity Evaluation where she was found to be functioning at the medium physical demand level.

18. I reviewed an 08/06/08 report from Dr. who felt she was at maximum medical improvement as of 08/06/08 and awarded a 5% whole person impairment rating.

19. I reviewed a note from 02/22/08 from . They indicated her job duties involved the ability to occasionally lift and carry at a heavy PDL and up to 60 pounds, the ability to

constantly stand and walk for an eight-hour shift, the ability to constantly stand, stoop, reach, and squat, the ability to work at a heavy physical demand level.

20. I reviewed on 08/26/08 note from Dr. where she was diagnosed with lumbar radiculitis, hamstring strain/sprain, and internal derangement of the left knee.

21. There was a request for twenty sessions of chronic pain management dated 10/01/08 from , Ph.D. He indicated that she has been suffering from anxiety, depression, and muscle tension since she developed her chronic pain symptoms and has been unable to work. She did undergo work hardening and individual psychotherapy sessions. The notes indicated she did feel that she had improved with work hardening but still had a fear or re-injury along with a lack of solid coping skills. She scored sixteen on the Beck Depression Inventory, which is in the mild to moderate range.

22. I reviewed a 12/15/07 note from Dr. .

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This is a xx-year-old female with a date of injury of xx/xx/xx with reported pain in the low back, left knee, left ankle, and hamstring muscle tear. She did have degenerative changes identified in her lumbar spine and her left knee as well as a meniscal tear. Surgery had been recommended but she had declined. She has been through psychotherapy and work hardening. She has had several Functional Capacity Evaluations and has been found to be functioning at a medium level. She has been found to have mild to moderate depression and has psychosocial stressors, according to the psychologist. She is taking Darvocet.

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

There has been some concern about the consistency of her evaluations by doctors that have seen her to date. She does not have a job to go back to until she can go back to heavy demand, and she is unable to go back to heavy demand at this time. She has been at maximum medical improvement, and it is not likely that further therapy is going to change that, be it a chronic pain program or otherwise. She cannot go back on Darvocet, but she appears to have pathology that is not supportive of the use of that medication anyway. It is my opinion that, in consideration of the aforementioned, that twenty sessions of chronic interdisciplinary pain management is not going to add anything to the clinical management that has not already been accomplished through her other outpatient therapeutic interventions.

**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.)