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Notice of Independent Review Decision

DATE OF REVIEW:
10/15/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Ten (10) sessions of Chronic Pain Management Program

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

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Overturned**

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.
The medical necessity for the application of the requested program, chronic pain management for ten sessions is established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- referral form
- 10/03/08 letter from , IRO Coordinator, Claims Management
- 10/03/08 Independent Review Organization Summary, Claims Management
- 10/01/08 Referral
- 10/01/08 Notice Of Assignment Of Independent Review Organization, , DWC
- 10/01/08 Notice To Utilization Review Agent Of Assignment, Thomas , DWC
- 10/01/08 Notice To MCMC, LLC Of Case Assignment, , DWC
- 09/30/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 09/22/08 Request For A Review By An Independent Review Organization
- 09/09/08, 08/12/08, 06/16/08, 05/19/08, 04/21/08, 02/20/08, 01/02/08 Examination Findings, , D.C.,
- 09/03/08, 08/06/08 Review Determination,
- 08/22/08 Request for An Appeal, , LPC,
- 08/11/08, 07/14/08 Examination Findings, , M.D., A
- 07/30/08 electrodiagnostic test report, , D.O.,
- 07/16/08 cover sheet, , D.C.,
- 07/16/08 Functional Capacity Evaluation Summary, , D.C.,

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- 07/14/08 (expected followup services date), 05/19/08 (return to work date), 03/19/08 (expected followup services date), 10/22/07, 09/24/07, 09/10/07, 08/31/07, 07/30/07, 07/19/07, 07/12/07 Work Status Report, DWC
- 07/08/08 Evaluation, , L.P.C., Systems
- 06/06/08 letter from , M.D., .
- 05/08/08 Functional Capacity Evaluation, MPT,
- 05/08/08 BBHI2 Extended Report
- 05/05/08 Designated Doctor Exam – Final Draft, , D.O.,
- 01/28/08, 01/28/08, 01/18/08, 01/11/08 Daily Progress & Therapy Notes,
- Undated memo from , Supervisor,
- Undated ODG Guidelines
- 11/15/07 (date expected to reach MMI) and 10/22/07 Reports of Medical Evaluation
- 10/22/07, 09/24/07, 09/10/07, 08/31/07, 08/17/07, 08/13/07, 07/30/07, 07/19/07, 07/12/07, 07/09/07 chart notes,
- 09/12/07 Notice of Disputed Issue and Refusal to Pay Benefits,
- 08/16/07 MRI lumbar spine,
- xx/xx/xx (Date of Injury) Employer's First Report of Injury or Illness
- xx/xx/xx Associate Statement – Workers Compensation
- xx/xx/xx Worker's Compensation Request For Medical Care

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual was injured during the course of her normal employment on xx/xx/xx. The history reveals that she was lifting some chairs at work and felt a pain in her low back. She presented to the office of the company doctor on xx/xx/xx complaining of low back pain with no radiation into the lower extremities. She was initiated on a course of conservative allopathic management to include medications. Ranges of motion were normal except for flexion, which was limited. Otherwise, the exam findings to include orthopedic testing, muscle testing and reflexes were all within normal limits. The records reflect that she began to complain of progressive symptoms including pain into the lower extremity. An MRI examination dated 08/16/2007 revealed a grade I pars defect and a disc protrusion in the lumbar spine causing significant foraminal narrowing according to the MRI report. She improved according to the records and was released from allopathic care on 10/22/2007. She presented to the office of the current chiropractic attending provider (AP) on 01/02/2008 complaining of severe pain in the low back and left leg. Her reflexes were diminished according to the AP. She demonstrated positive orthopedic findings. She was initiated on a course of chiropractic management and was eventually taken off work. A Functional Capacity Exam (FCE) dated 05/08/2008 revealed that the injured individual was performing in the Medium Physical Demand Level (PDL) category. She was referred for a surgical consult based upon her MRI findings and continued symptomatology. A Beck Behavioral Health Index (BBHI)2 test was performed on 05/08/2008, which revealed some possible psychosocial overlay in the form of depression and anxiety. The injured individual underwent a surgical consult on 05/06/2008 which opined that a litany of things be performed including physical therapy, injections, x-ray studies and neurodiagnostic studies. On 07/08/2008, the injured individual underwent a behavioral evaluation, which opined the need for a chronic pain program for twenty sessions. Electrodiagnostic testing performed on 07/30/2008 was within normal limits.

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

The injured individual has undergone a litany of care with mixed results. The injured individual was referred for surgery and for neurodiagnostic testing. It was opined that she was not a candidate for surgery and electrodiagnostic testing was normal. The records indicate that she is motivated to return to some type of employment; however it should be noted that she either cannot or is unwilling to return to the job she had at the time of the injury. FCE examination demonstrated that she gave a valid effort and was testing below her pre-injury levels of Heavy. She has undergone a litany of behavioral assessments that all opined that she likely has significant psychosocial overlay. A Chronic Pain Management Program typically addresses the physical as well as the behavioral aspect of the symptomatology. The documentation indicates that physical therapy in the past was of some benefit for the injured individual evidenced by the fact that at one time; she was able to return to modified duty and eventually regular duty of decreased duration. Lastly, the documentation does not indicate that the injured individual has undergone any type of formal behavioral treatment to date.

Ten sessions of the Chronic Pain management Program (CPMP) is consistent with Official Disability Guidelines (ODG) given the above factors. She appears to be a viable candidate for the application of this program. In light of the above discussion, this reviewer certifies that the requested Chronic Pain Management Program is medically necessary and consistent with the guidelines of the ODG, which allow for a two-week trial of care. Further consideration is dependent on the demonstrated and documented success of the initial course of care.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES