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Notice of Independent Review Decision

DATE OF REVIEW: 10/20/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of chronic pain management

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

Certified by the American Board of Anesthesiology
Anesthesiology – General
Pain Medicine – Subspecialty.

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	724.9	97799	Upheld

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout the appeal process, including first and second level decision letters, fax cover sheets, and request for review by an independent review organization

Medical notes dated 10/10/06, 10/13/06, 10/24/06, 11/7/06, 12/1/06, 1/3/07, 1/5/07, 1/11/07, 1/24/07, 2/21/07, 3/14/07, 4/11/07, 4/15/07, 5/3/07, 11/20/07, 12/10/07, 12/18/07, 1/3/08, 4/15/08, 5/13/08, 5/30/08, 7/8/08, 7/24/08, 8/19/08

Functional Capacity Evaluation Summary dated 8/26/08

Lumbar myelogram report dated 6/21/07

Second opinion report MRI lumbar spine dated 12/14/06

Functional Abilities Evaluation with letter dated 1/9/07

Operative reports dated 11/21/06, 12/19/06

Physical therapy notes dated 11/8/06, 12/12/06, 12/29/06

Official Disability Guidelines cited but not provided

PATIENT CLINICAL HISTORY:

This female suffered a work-related injury on xx/xx/xx while lifting a 50-pound box at work. She currently has complaints of bilateral low back pain with bilateral lower extremity referred pain. She rates her daily pain at 7-8/10 at rest, which worsens with activity. Work-up has included MRI, EMG, and lumbar myelography. Conservative treatment to this point has included physical therapy, chiropractic care, medication management, bilateral L3-4 and L4-5 transforaminal epidural steroids X 2 and psychiatric care.

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

In keeping with the ODG for chronic pain program utilization, the Reviewer supports the denial of the request for 10 sessions of a chronic pain management program for this patient.

Per ODG, the following variables have been found to be negative predictors of efficacy of treatment as well as negative predictors of completion of the programs:

1. A negative relationship with the employer/supervisor

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2. Poor work adjustment and satisfaction
3. A negative outlook about future employment
4. High levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)
5. Involvement in financial disability disputes
6. Greater rates of smoking
7. Duration of pre-referral disability time
8. Prevalence of opioid use
9. Pretreatment levels of pain

The Reviewer noted that, per a progress note dated 7/24/08, the patient had psychometric testing conducted in April 2008. The results of this testing placed the patient in the high range for depression and anxiety.

In the Reviewer's opinion, until this patient's high level of psychosocial distress is better controlled, it is unlikely that she will have a successful outcome. When her psychosocial symptoms are better managed, it is likely that she would benefit from a chronic pain program, as it has been suggested that interdisciplinary/ multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. "Multidisciplinary treatment strategies are effective for patients with chronic low back pain and should not only be given to those with lower grades of chronic low back pain, according to the results of a prospective longitudinal clinical study reported in the December 15 issue of Spine." (per ODG)

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 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**

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- 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)**