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Notice of Independent Review Decision

DATE OF REVIEW: 09/02/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 10 (Ten) sessions chronic pain management program

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

Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 11/04/04, 12/04/04, 12/09/04, 06/02/05, 08/10/05, 10/19/05, 01/25/06 – M.D.
2. 01/05/05, 03/02/05 – M.D.
3. 01/12/05 – Operative report.
4. 01/21/05 – Operative report.
5. 03/09/05 – Operative report.
6. 04/05/05, 09/02/05, 02/27/06 – Radiology.
7. 05/05/05, 05/11/05 – M.D.
8. 05/20/05 – Operative report.
9. 06/06/06 – Functional Capacity Evaluation.
10. 07/06/06 – Psychiatric diagnostic interview & recommendations.
11. 07/06/06, 08/14/06 – Ed.D.
12. 08/07/06, 08/29/06 – M.D.
13. 08/08/06 – M.D.
14. 08/29/06 – M.D.
15. 08/29/06 thru 09/21/06 – Daily pain rounds for the pain management program.

16. 08/29/06 – Physical therapy evaluation & treatment plan.
17. 09/05/06 thru 10/13/06 –Rehabilitation Center daily progress note.
18. 10/11/06 –Rehabilitation Center.
19. 10/25/06 – M.D.
20. 03/21/07 thru 04/18/07 – Progress notes.
21. 05/09/07 – Operative report.
22. 06/15/07 thru 09/06/07 – Ph.D.
23. 07/23/07, 09/17/07, 10/01/07, 12/03/07 –M.D.
24. 08/07/07 –Rehab Associates.
25. 09/12/07 –
26. 09/18/07 – Ph.D.
27. 09/18/07 – M.D.
28. 09/19/07 thru 11/15/07 – Progress note.
29. 12/13/07 – Progress note.
30. 12/31/07, 01/14/08, 02/11/08, 03/10/08, 04/07/08, 05/05/08, 05/29/08, 06/02/08, 06/30/08, 07/28/08 – M.D.
31. 01/10/08, 05/14/08 – M.D.
32. 04/14/08 – M.D., Independent Medical Evaluation.
33. 06/10/08 – Physical Performance Evaluation.
34. 06/10/08 – LPC.
35. 06/23/08, 07/10/08 – Healthcare Systems.
36. 06/26/08 –
37. 06/30/08 –LTD.
38. 07/17/08 –D.C.
39. 07/22/08 –**Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee has a history of a workers' compensation injury while employed. The employee developed neck pain after he heard a pop in his neck while handling some equipment with resulting upper extremity paresthesias and weakness. The injury was in xxxx.

Imaging studies revealed a large disc herniation to the right C6-C7.

The employee was diagnosed with a cervical disc herniation and radiculopathy. The employee eventually underwent a cervical fusion. The employee participated in an extensive pain management program by a reputable facility in late 2006 under the care of Dr. The plan at that time was to provide physical therapy services, biofeedback, address depression, and medications with reduction in opioids and management with antidepressants. This program was completed in 2006.

The employee was then under the care of a chiropractor, as well as Dr. who has been managing the employee with continued Oxycontin and Hydrocodone among other medications.

The employee was again referred for another pain management program in 2008.

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

The request is for ten sessions of pain management. These sessions are not appropriate. The employee went through an extensive pain management program in 2006. This would certainly represent duplication of services. The employee has already been through extensive pain management, has already been exposed to the exercises which would be readdressed, has already been through psychological intervention and biofeedback, and has already been through self-relaxation techniques which would also be a part of the pain program itself. As previously stated, such services at this time would be a duplication of previous services.

Therefore, since the employee has already been through a pain program, a continuation of such services would not be considered appropriate nor conform to the ***Official Disability Guidelines***. There has been no change in the employee's condition even with the program from 2006; and therefore, there is no reasonable expectation that such a program would be expected to have any different outcome.

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

1. ***Official Disability Guidelines***