

SENT VIA EMAIL OR FAX ON  
Apr/07/2009

## Pure Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/07/2009

**IRO CASE #:**

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

Health and Behavioral Eval-Lumbar

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

Clinical psychologist; Member American Academy of Pain Management

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Denial Letters 2/19/09 and 3/4/09

Records from Dr. 2/16/09 and 2/27/09; Letter No Date

Spine & Pain Center 8/13/09 thru 2/9/09

Letter 3/20/09

Peer Review 10/6/08

Mental Health Eval 12/10/03

Dr. 4/12/06

Dr. 5/11/00

Dr. 8/17/00

Pain Clinic 9/29/03 thru 1/23/04

Dr. 10/2/03 thru 4/12/06

Dr. 11/12/03 thru 2/28/07

Infectious Diseases Consultants 8/27/03 thru 3/6/06

Behavioral Health 12/10/03

Dr. 1/13/06

Comprehensive Adult Assessment 1/17/06

Dr. 1/30/06 thru 10/6/08

#### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who was injured at work on xx/xx/xx. At the time, she was performing her usual job duties where she had been employed for approximately 1 year. She was in the process of lifting a 5 gallon bottle of water onto the cooler, when a co-worker called her name, causing her to turn while lifting. She felt a pop in her back, then pain. Since then, she has had numerous surgical and non-surgical interventions, and has not been able to returned to work.

Records indicate claimant has received the following diagnostics and treatments to date: X-rays, lumbar MRI's, physical therapy, EMG/NCV (positive post-surgically), lumbar discogram, CT scan, ultrasound, injections, individual therapy, surgery x 4, and medications management. Medications have included: Methadone, Dilaudid, Darvocet, Darvon, Celebrex, Surfax, Nexium, Ultram, Ditropan, Lortab, Ambien, Elavil, Zanax, Paxil, Serzone, and Buspar.

On May 8, 1997, patient underwent surgery to include a laminectomy and discectomy L5-S1, lateral fusion at L4-L5 and L5-S1, bone growth stimulator implant and bone harvesting. Post-surgically, patient had radicular symptoms with a positive EMG/NCV and foot drop symptoms which necessitated stabilization via AFO of the ankle joint. The "inappropriateness" of the claimant's surgery was documented by Dr. on January, 1998. In January 1999, IME was performed assigning a 42% whole person impairment rating. The IME's assessment was: post lumbar laminectomy, discectomy, 2 level fusion, lumbosacral radiculopathy, and posttraumatic major depressive disorder secondary to the accident.

In August of 1999, psychological evaluation diagnosed patient with ploysubstance dependence, r/o histrionic features. Pain, unemployment, and marital difficulties were stressors related to the injury.

On 9/11/01, individual therapy, PPA, biofeedback, and family therapy were recommended. In 2002-2003, patient was approved for, and received 12 sessions of psychotherapy and biofeedback.

On 5-21-02, Dr. was again approved for surgery on this patient. This time, he performed laminectomies and bilateral foraminotomies at L4-L5 and L5-S1, lateral fusion L4 to L5, posterior segmental instrumentation at L4-L5, exploration and fusion at L5-S1, bone growth stimulator insertion and bone harvesting. On 5-29-02 he performed removal of battery, incision and exploration of the dura for infected lower backbone.

Patient has continued with pain meds to include Methadone and Dilaudid. In 2003, records indicate patient in a wheelchair with increase in pain secondary to meds being denied by work comp. In 2004, there was a phone consult between Dr. and Dr. concerning possible lack of fusion at L4-5. In 2005, Dr. needed to remove instrumentation due to deep infection, which was on her instrumentation.

In 2006, peer reviewer was asked if and when the effects of the injury would be resolved. Dr. , peer reviewer, stated that there were permanent changes in the patient's physical structure secondary to the procedures performed and that "current difficulties are permanent and I do not expect complete resolution."

Recently, patient began seeing Dr. for pain management care. Physician note of 2/09/09 showed patient experiencing low back pain with weakness and feeling unsteady. Assessment was lumbar post laminectomy syndrome and lumbar radiculopathy. Plan was to continue Darvocet, request MRI to investigate increased weakness and pain symptoms in the patient's LE's, and referral was made to PhD for possible cognitive behavioral therapy. Current request is for an initial behavioral evaluation.

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

Although this is a complicated case which has been debated for numerous years, one thing seems clear: the consensus appears to be that unnecessary surgeries were approved and performed, leading to an ongoing debilitated state in a patient who initially had a diagnosis of lumbar strain. She has had numerous peer reviews, designated doctor exams, independent medical exams, etc. Through this process, she has been diagnosed with chronic low back pain with radiculopathy, failed back syndrome, chronic pain syndrome, and depression (Dr. - 2001); polysubstance dependency, r/o histrionic features (psyc eval-1999); failed lumbar surgery, chronic pain syndrome, sleep disturbance, depression, impaired ADL's, and chronic L5-S1 radiculopathy with PMP recommendation (Dr. , 1999); and Munchausen's Syndrome (Dr. , 2001, 2002, and 2003). However, in the almost 13 years since her injury, she has received only 12 individual therapy sessions. Debate has raged about whether or not there was a pre-existing Axis II personality disorder based on the Munchausen's diagnosis that was apparently put into the case history after a record review by a designated doctor. Munchausen's syndrome is a psychiatric disorder that causes an individual to self-inflict injury or illness or to fabricate symptoms of physical or mental illness, in order to receive medical care or hospitalization. There does not appear to be anything in the records available for review to substantiate this type of diagnosis.

A stepped-care approach to treatment has never been adequately followed in this case, as per ODG, and the requested evaluation appears reasonable and necessary to treat the issues arising from the patient's injury-related failed surgeries, pain, and continued off-work status with a goal of informing her current treating physician with an accurate diagnosis and treatment recommendations, if any.

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

- ACOEM-AMERICA 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 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE A DESCRIPTION)