



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 08/25/09

**IRO CASE NO.:**

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

Item in dispute: Chronic pain management 5x2 97799

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

Board Certified Physical Medicine & Rehabilitation  
Fellowship Trained Pain Management

**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. Lumbar with and without contrast MRI, 03/08/07
2. MRI of shoulder with contrast, 03/08/07
3. , M.D., 10/24/08, 03/10/09
4. Trial ten chronic pain management sessions
5. , M.D., 01/12/09
6. , 06/15/09, 06/18/09, 07/31/09
7. , 07/20/09, 08/04/09
8. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The injured employee, , was injured while lifting a heavy object out of an oven when he experienced severe pain in his right elbow and right shoulder. The medical records available for review indicated the employee presented for surgery to the shoulder with

Dr. [redacted] in July, 2007. It was also noted he had nonrelated problems with his low back after a lumbar laminectomy of L5-S1 more than 20 years ago.

There was an MRI of the lumbar spine with and without contrast on 03/08/07. The findings included vertebral endplate changes noted at multiple levels. Schmorl's nodes were noted in the lower thoracic spine. Mild chronic compression of the superior endplate of T12 vertebral body noted. No evidence of acute fracture or destructive lesion and minimal anterior listhesis of L5 on L4 noted.

Post arthrogram MRI of the right shoulder on 03/08/07 noted a small partial thickness articular surface humeral attachment tear of the infraspinatus tendon. Minimal fraying of the articular surface of the anterior supraspinatus tendon. There was no evidence of full thickness rotator cuff tear. Partial thickness tear of the mid and anterior portions of the anterior labrum, bearing the superior labrum.

On 10/24/08, the employee saw [redacted] M.D. It was indicated that he had been experiencing some hand pain, as well as numbness along his fifth finger.

The employee presented to [redacted], M.D., on 01/12/09. The impression was a normal EMG and sensory motor nerve conduction study of the right upper extremity.

On 03/10/09, the employee returned to Dr. [redacted]. It was indicated that Dr. [redacted] was to release him back to work and he was to follow-up on an as needed basis.

On 06/15/09, there was an initial visit with [redacted], M.D. The employee indicated he had continuous pain in the shoulder and elbow, and was experiencing weakness in the right hand. The impression on that date was chronic shoulder and elbow pain related to previous workers' compensation injury in 2007, with marked pain and avoidance behaviors. It was noted that Dr. [redacted] wanted the injured employee to be approved for a chronic pain program.

The injured employee returned to Dr. [redacted] on 07/31/09 to assess the progress that had been made with him being admitted into a chronic pain program. Dr. [redacted] indicated the employee was an excellent candidate for the program as he did not want to be maintained on medication and would like to increase activities of daily living, as well as improve his quality of life without taking strong medications.

Additional medical was not available for review.

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

The employee is a xx year old male with a sustained injury to the right elbow and right shoulder due to a lifting injury.

The prior reviewer documented that the claimant had significant predictors for failure in the chronic pain management program with high levels of pain and psychosocial distress. [redacted], M.D., denied the chronic pain management program times ten sessions on 07/20/09.

A subsequent request by Dr. was denied based upon the lack of documented location of goals after the completion of the program and that the facility was not CARF certified.

The determination for non-certification is upheld given the date of injury as xx/xx/xx, and there is strong evidence that delayed entry into a chronic pain management program after two years since the date of injury would lead to poor outcomes. In addition, the letter of medical necessity for chronic pain management program noted that the medications include Hydrocodone, Neurontin, and Baclofen. There was no mention that the employee has had lower levels of care addressing any psychosocial issues. Preferential treatment prior to chronic pain management program would include medications, addressing elevated depression and anxiety scores on testing, as well as individual psychotherapy.

Given the lack of sufficient documentation noting the employee has not failed lower levels of care including individual psychotherapy and medications, the chronic pain management program is not medically necessary.

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

**1. Official Disability Guidelines**