



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
medworkiro@charterinternet.com  
www.medwork.org



### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION*

**DATE OF REVIEW: 08/05/2009**

**IRO CASE #:**

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

Pain Management 5x wk x 2wks (80 hours)

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**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)

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 07/20/2009
2. Notice of assignment to URA 07/20/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 07/17/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 07/14/2009
6. Pre-auth dispute letter 07/16/2009
7. determination letter 07/13/2009
8. Pre-auth letter 07/07/2009
9. determination letter 07/06/2009
10. Reconsideration request fax 07/07/2009
11. Pre-auth letter 07/01/2009
12. Case summary letter 06/30/2009
13. Behavioral Health Screening Assessment 06/17/2009
14. Medical note 06/17/2009, MRI 04/10/2009
15. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

Claimant is a female who sustained a work-related injury on xx/xx/xx, involving the lumbar spine secondary to having a heavy safety deposit box fall on her back. Subsequent to the injury, claimant underwent conservative treatment consisting of physical therapy, medication management, and interventional pain-management injections with suboptimal relief. A lumbar



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
medworkiro@charterinternet.com  
[www.medwork.org](http://www.medwork.org)



MRI performed on April 10, 2009, revealed no significant disk herniation or spinal canal stenosis of the lumbar spine, bilobed 2-cm synovial cyst noted along the lateral aspect of the left L2-L3 articular facet joint, and mild articular facet arthropathy of the lumbar spine. Submitted physical examinations are essentially unremarkable. Current medication management consists of Naprosyn 500 mg b.i.d. and Cymbalta 30 mg 1 p.o. daily. This claimant is not considered a surgical candidate. Reportedly, claimant underwent a work-hardening program, which was discontinued secondary to patient's increased pain.

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

After reviewing the information submitted, there appears to be no clear current objective evidence or residual/weak current pathology identified in the submitted diagnostic testing. Furthermore, there does not appear to be any valid objective reason for this claimant's ongoing pain complaints other than the fact that she may have some mild degenerative arthritis in the lumbar spine. The extent of this claimant's injury is lumbosacral sprain. Typically, this type of sprain/strain-type injury pattern should improve or resolve within a few weeks to a few months provided that appropriate conservative management was done, including physical therapy, medication management, and instruction in a home exercise program. As stated above, this patient's diagnostic workup essentially reveals mild arthritic changes in the lumbar spine, all diseases of life issues not related to a single original work event dated March 29, 2009. There are no controlled studies, extant evidence, base standards, or randomized clinical trials supporting the use of unimodal psychotherapeutic techniques in producing reliable functional improvements with this type of chronic benign pain syndrome. The stated goals relating to pain management and/or "coping" and control of diagnosed emotional and behavioral sequelae of the pain problem are not empirically supportable. This focus is specifically proscribed in this type of patient because such a strategy "may reinforce psychological, environmental, and psychosocial factors that promote chronic pain states." Therefore, there does not appear to be sufficient reason to overturn the prior adverse determination of non-authorization. In accordance with Official Disability and ACOM Guidelines, the request for pain management 5 times a week times 2 weeks (80 hours) has been noncertified.

#### References:

1. *Official Disability Guidelines, Treatment Index*, 6th edition (web) 2008, under *Chronic Pain Management Program/Low Back Pain*.
2. *ACOM Guidelines*, 2nd edition, chapter 6.

### **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



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
medworkiro@charterinternet.com  
www.medwork.org



- 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)