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Notice of Independent Review Decision

DATE OF REVIEW: 01/13/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Chronic pain management program 10 days

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

Board Certified Neurosurgeon

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. TWCC-1 dated 12/15/03
2. Office notes from M.D., dated 12/18/03 thru 05/13/04
3. MRI of the lumbar spine dated 12/19/03
4. MRI of the cervical spine dated 12/19/03
5. Office notes from M.D., dated 12/19/03 thru 07/28/05
6. Physical therapy notes from 12/22/03-08/03/04
7. Emergency Room note from 01/20/04
8. CT of the lumbar spine dated 01/12/04
9. Office notes from M.D., dated 02/18/04 thru 01/23/07
10. Office notes of M.D., dated 08/25/04
11. Functional Capacity Evaluation dated 11/15/04.
12. Office notes from D.O., dated 02/07/05 thru 02/09/05
13. Functional Capacity Evaluation dated 02/18/05
14. Office notes from M.D., dated 02/18/05 thru 04/20/05
15. D.C., dated 07/13/05
16. Office notes from D.C., dated 07/28/05 thru 08/05/05
17. Surveillance records from Investigative Services dated 11/01/05

18. Office notes from D.C., dated 01/14/06
19. Impairment rating evaluation dated 01/14/06
20. Office notes from M.D., dated 05/24/07 thru 04/10/08
21. Office notes from Management dated 09/28/08 thru 12/16/08
22. Office notes from D.C., dated 09/29/08
23. UR Determination dated 11/07/08
24. UR Determination dated 12/02/08
25. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a xx year old male, who on xx/xx/xx while employed as a xxxx , injured his neck and low back when he fell backward from a large truck. Since that time, he has complained of chronic pain in his cervical and lumbar region.

The employee has been evaluated by multiple medical providers. There were objective findings of chronic degenerative changes in both cervical and lumbar spine, as evidenced by MRI and multiple x-rays. There have been notes of radiculopathy over the last several years; however, the electrodiagnostic studies that were performed did not reveal any clinical objective evidence of radiculopathy on testing. The employee does continue to complain of radicular complaints.

The employee has also been evaluated and treated by several therapy modalities, which include exhaustive physical therapy sessions, and chiropractic sessions.

The employee's most current lumbar imaging was a lumbar CT that revealed a minimal disc bulge at multiple levels with no significant nerve root encroachment. There was evidence of facet arthrosis.

A request was placed by Dr for a chronic pain management program of five times a week for two weeks for a total of ten days.

An initial review was performed by, Ph.D., on 11/07/08. Dr. opined that the employee was not at a tertiary level of care, noting a recent request for an IRO regarding EMG/NCV studies.

The case was subsequently reviewed on appeal by Dr. on 12/02/08. Dr. opined that the request for CPMP was not supported by the **Official Disability Guidelines**. Dr. noted that the employee was five years post date of injury and was retired. She further reported that the employee minimally utilized oral medications for pain reduction.

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

I concur with the previous reviewers in that the employee does not meet criteria as defined by the **Official Disability Guidelines** for inclusion into a chronic pain

management program. The employee is five years post date of injury, retired, and is not currently seeking or pending employment indicating a poor probability of success with the requested program. The records indicate low levels of depression and anxiety and minimal use of medications for pain control. The submitted clinical records do not establish that the requested program will result in sustainable results, and therefore, it is opined not to be medically necessary.

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

1. ***Official Disability Guidelines*** from Chronic Pain Chapter, updated 01/05/09.

Criteria for general use of multidisciplinary pain management programs:

1. Patient with chronic pain syndrome, with pain that persists beyond 3 months including 3 or more of the following: A) Use of prescription drugs beyond the recommended duration and/or abuse or dependence on prescription drugs or other substances; B) Excessive dependence on health care provider, spouse, or family; C) Secondary physical deconditioning due to disuse and/or fear or avoidance of physical activity due to pain; D) Withdrawal from social no how, including work, recreation, and/or other social contact; E) Failure to restore a pre-injury function after a period disability such as physical capacity as insufficient to pursue work, family, or recreational needs; F) Development of psychosocial sequelae after initial incident, including anxiety, fear-avoidance, depression, or non-organic illness behaviors; G) Diagnosis is not primarily a personality disorder or psychological condition without physical component.
2. The patient has significant loss of ability to function independently resulting from chronic pain.
3. Previous methods of treating the chronic pain have been unsuccessful.
4. The patient is not a candidate for further diagnostic injections or invasive surgical procedures.
5. Inadequate and thorough multidisciplinary evaluation has been made, including pertinent diagnostic testing to rule out treatable physical condition, baseline function, and psychological evaluation, so follow-up with next test can note functional and psychological improvement.
6. The patient exhibits motivation to change and is willing to decrease opiate dependents and forgo secondary gains including disability payments to affect the change.
7. Negative predictors of excess have been addressed.
8. These programs may be used for both short and long term disabled patients.
9. Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant discriminated efficacy.
10. Total treatment duration should not generally exceed 20 full day sessions.
11. At the conclusion and subsequently neither rim moment nor repetition of same similar rehabilitation program is medically warranted for same condition or injury.