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Notice of Independent Review Decision

DATE OF REVIEW: 07/15/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 97799 Continued chronic pain management program x 10 sessions

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

Texas Board Certified Pain Management and 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. First report of injury
2. Health Care System registration forms
3. Emergency room record dated xx/xx/xx
4. Drug screen dated xx/xx/xx
5. Multiple x-ray reports dated xx/xx/xx
6. Discharge summary dated xx/xx/xx
7. Medical Center's activity status report dated 07/13/07
8. Clinic note dated 07/13/07
9. PT note dated 07/16/07
10. PT note dated 07/15/07
11. Therapy activity status report dated 07/18/07, 07/20/07
12. PT note dated 07/20/07
13. Activity Status Report dated 07/24/07
14. Progress note dated 07/24/07
15. Therapy progress note dated 07/24/07
16. Activity Status Report dated 07/26/07
17. Progress note dated 07/26/07

18. Therapy note dated 07/28/07
19. Orthopedic consult note dated 08/01/07
20. MRI of the lumbar spine report dated 08/21/07
21. Clinic note dated 08/24/07
22. Clinic note dated 08/29/07
23. Clinic note dated 12/21/07
24. Neurological evaluation dated 01/18/08
25. MRI of the lumbar spine report dated 01/21/08
26. Addendum dated 01/21/08
27. Initial Chiropractic Medical Report dated 01/24/08
28. Pain Management initial evaluation dated 01/29/08
29. Imaging studies dated 02/07/08
30. Discogram report dated 02/08/08
31. Chiropractic note dated 02/18/08
32. Chiropractic note dated 02/25/08
33. Pain Management follow-up dated 02/26/08
34. Therapy notes dated 02/28/08, 02/29/08, 03/05/08
35. Chiropractic note dated 03/03/08
36. Chiropractic note dated 03/05/08
37. Therapy note dated 03/08/08
38. Chiropractic note dated 04/15/08
39. Pain Management note dated 04/15/08
40. Electrodiagnostic studies dated 04/25/08
41. Orthopedic consult dated 05/06/08
42. Pain management note dated 05/13/08
43. Chiropractic notes dated 06/10/08 and 07/07/08
44. Pain Management follow-up dated 07/07/08
45. Chiropractic note dated 07/28/08
46. Orthopedic note dated 07/31/08
47. RME dated 09/10/08
48. Chiropractic note dated 09/25/08
49. Orthopedic note dated 11/17/08
50. Chiropractic notes dated 10/31/08, 12/02/08
51. Pain Management note dated 12/15/08
52. Chiropractic note dated 01/05/09
53. Initial consult dated 01/16/09
54. Follow-up note dated 03/18/09
55. Mental health evaluation dated 03/24/09
56. Pre-authorization request dated 03/30/09
57. Reconsideration request dated 04/20/09
58. Behavior Chronic Pain Management group session monitoring form dated 04/29/09
59. Chronic Pain Management Program daily activity sheet dated 04/29/09
60. Group session monitoring form dated 04/30/09
61. Daily activity sheet dated 04/30/09
62. Pain Management group session monitoring form dated 05/04/09
63. Daily activity sheet dated 05/04/09

64. Group session monitoring form dated 05/05/09
65. Daily activity sheet dated 05/05/09
66. Group session monitoring form dated 05/08/09
67. Daily activity sheet dated 05/08/09
68. A concurrent report dated 05/08/09
69. Group session monitoring form dated 05/13/09
70. Concurrent report dated 05/28/09
71. Group session monitoring form dated 06/02/09
72. Daily activity sheet dated 06/02/09
73. Request for reconsideration dated 06/10/09
74. Chiropractic note dated 06/17/09
75. Note dated 07/03/09
76. Prior reviews
77. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who reportedly sustained an initial back strain on xx/xx/xx.

The employee reported to the emergency room on xx/xx/xx. The emergency room records indicate that the employee stated she pulled her back on xxxx and complained of low back pain.

The employee was initially seen at Medical Centers noting that she was pulling a heavy pallet and heard something pop and felt low back and right shoulder pain. The employee was placed in physical therapy and followed.

The employee was referred for orthopedic evaluation and was seen on 08/01/07. The orthopedic surgeon recommended MRI evaluation.

MRI of the lumbar spine was carried out on 08/21/07, which noted normal findings L1-L5. L5-S1 noted mild disc space narrowing with a spondylolisthesis measuring 6 mm. There was evidence of moderate right neural foraminal narrowing and elevation of the exiting right L-5 nerve root. On follow-up, the employee was referred to physical therapy.

The clinic note dated 08/29/07 indicated the employee demonstrated multiple Waddell's findings.

On follow-up dated 12/21/07, the clinic note indicated the employee received Vicodin from someone and continued to have strong evidence of Waddell's findings.

The employee was seen by neurology on 01/18/08 who noted the employee was not at Maximum Medical Improvement (MMI), and there were no EMGs submitted for review.

A repeat of the lumbar MRI was carried out on 01/21/08 which noted a diffuse disc bulge at L5-S1 with normal findings T12-L5. The disc bulge measured 2 mm.

The employee was seen initially on 01/24/08 by D.C. The employee was followed throughout 2008 and in 2009 with chiropractic care.

The employee underwent an epidural steroid injection at L5-S1 on 02/08/08.

The sequential chiropractic notes in February, 2008 indicated that the employee was essentially unchanged.

The employee was seen on 02/25/08 for electrodiagnostic studies which noted that the employee had evidence of a chronic right S1 radiculopathy mild in nature.

Pain management evaluation on 02/26/08 indicated the employee received approximately 50% relief from back pain, and current VAS was 3/10. The employee was recommended for a second right L5-S1 transforaminal epidural injection.

However, the employee was seen on 03/03/08 by a chiropractor noting a significant amount of pain and reported only a little relief with injection. The employee continued with chiropractic and pain management care.

The employee was seen by orthopedic surgeon on 07/31/08 which indicated that the employee had undergone psychosocial screening and noted validity. Dr. indicated that except for the lack of discogram, the employee would meet inclusion criteria for lumbar fusion.

A Required Medical Evaluation (RME) was carried out on 09/10/08 indicating the employee's diagnosis was low back pain and noting that there was no evidence of structural injury to the lumbar spine, and that a surveillance tape was provided for review, and that he found that there was no evidence to continue care and that the employee was at MMI. The employee was diagnosed with chronic daily lumbar discogenic pain by a Dr. who had been treating her for pain management and noted that the employee was pending lumbar spine surgery.

The employee was seen on 01/16/09 by Dr. Dr. recommended that she continue to be worked up with discography and treated by the surgeon.

On 03/18/09, Dr. provided a prescription for Cymbalta 20 mg and recommended mental health evaluation.

A mental health evaluation was carried out on 03/24/09. The employee scored a 23 on the Beck Depression Inventory and 16 on Beck Anxiety Inventory noting moderate depression and anxiety. The employee was recommended for comprehensive chronic pain management program.

The employee underwent twenty sessions of a chronic pain management program, and an additional ten sessions have been requested. The request for reconsideration stated that the employee had demonstrated improvement, achieving lower levels of depression and anxiety in overcoming her perceived disability. The issues to be addressed were to further lower depression and anxiety, extinguish the use of pain medications, complete

the pain management training and vocational counseling, as well as improve function to a medium physical demand level.

The initial review on 06/02/09 was carried out by Ph.D. Dr. opined that there was insufficient information to establish the necessity of additional CPMP. The employee reportedly did have a job to return to and could work at a modified duty. The request for additional CPMP was denied.

An appeal was carried out on 06/19/09 by Dr. who also denied the request and indicated that twenty sessions of CPMP had been completed, and that the intent is to work on "cognitive behavioral training". However, Dr. questioned as to why this was not addressed during the prior 160 hours of CPMP. The case was again denied.

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

The employee has completed twenty sessions of CPMP. The twenty sessions of CPMP are the maximum allowable per ***Official Disability Guidelines*** unless there is an exceptional situation. There does not appear to be an exception in this case. The employee has completed the recommended twenty sessions per ***Official Disability Guidelines***, and as such, additional chronic pain management is not warranted. Agreement is made with the prior reviewers, and the requested additional ten sessions of chronic pain management is not considered medically necessary.

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

1. **Official Disability Guidelines**, Pain Chapter, on-line version