

SENT VIA EMAIL OR FAX ON
Jul/14/2009

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5 X 2

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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 4/21/09 and 5/22/09

Claims Management 6/29/09

Medicine Log 12/10/07

Lumbar Spine 10/3/05

Medical Advantage 2/27/09 thru 5/29/09

MRI 3/19/09

Rehab 4/14/09 thru 5/6/09

CT Myelogram 4/21/09

6/3/09

Dr. 6/2/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured xxxx. He had an L5/S1 discectomy followed by three attempts at a

lumbar nerve stimulator. The latter remains nonfunctioning. He was admitted to a pain program in March 2009 and completed 10 sessions. He made some progress, but continued to have psychological distress. He reportedly slept better with Cymbalta. Dr. increased (augmented) the morphine and reduced the hydrocodone while in the pain program (3/27/09). He was walking without the cane and had a lesser limp. An additional 10 pain sessions were requested. The psychologist wrote on 3/17/09, "Pt stated he is very tired of having surgeries and the next one is going to be the last one." Subsequently, Dr. obtained a CT myelogram (4/21/09) that described bilateral S1 nerve root compromise. Ms. wrote on 5/6/09 that this man was considering having the nonfunctioning stimulator lead removed and appealed the denial of the pain program. Yet, Dr. wrote on 6/2/09 that he was planning a new paddle lead. The man and his wife would "rather go for the revision hemilaminectomy."

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

This man had chronic pain and was in the pain program. He made some progress. There are concerns about the increased need for the MS Contin. The major concern is the plan for the hemilaminectomy. Ms. and others were apparently not aware of this. They were aware that the electrode was going to be removed. Yet Dr. wrote of his discussion with the man and his wife and their concurrence for the revision hemilaminectomy. Criteria 2 states "...there is an absence of other options likely to result in significant clinical improvement." Criteria 3 implies the work up was completed except for appealed testing. "All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized." The lumbar CT myelogram was an appealed test, but is leading to additional treatment, not acceptable under criteria 2. Criteria 4 does not apply since the program was ordered in concept that there would be no further surgery.

Chronic pain programs (functional restoration programs)

(2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.

(3) An adequate and thorough multidisciplinary evaluation has been made. This should include pertinent validated diagnostic testing that addresses the following: (a) A physical exam that rules out conditions that require treatment prior to initiating the program. **All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized.** Although the primary emphasis is on the work-related injury, underlying non-work related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment; (b) Evidence of a screening evaluation should be provided when addiction is present or strongly suspected; (c) Psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills and/or locus of control regarding pain and medical care) or diagnoses that would better be addressed using other treatment should be performed; (d) An evaluation of social and vocational issues that require assessment.

(4) If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided.

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)