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## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 03/23/09

**IRO CASE #:**

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

Ten additional sessions of chronic pain management

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

Board Certified in Anesthesiology  
Fellowship Trained in Pain Management  
Added Qualifications in Pain Medicine

**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.

Ten additional sessions of chronic pain management - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An MRI of the cervical spine interpreted by, D.A.C.B.R. dated 07/14/03

X-rays of the cervical and thoracic spine interpreted by D.C. dated 07/14/03  
An EMG/NCV study interpreted by D.C. dated 12/10/03  
A letter of non-certification for chiropractic therapy, according to the Official Disability Guidelines (ODG) from D.O. dated 07/16/08  
Pain clinic worksheets from M.D. dated 10/30/08 and 01/20/09  
Individual treatment plans from L.P.C. dated 11/01/08 through 02/01/09 and 01/01/09 through 04/01/09  
A mental health and pain evaluation with M.D. dated 11/14/08  
A Functional Capacity Evaluation (FCE) with D.C. dated 11/24/08  
Back exercise forms from an unknown provider (no name or signature was available) for dates of 12/22/08 through 12/24/08, 12/29/08 through 01/05/09, 01/06/09 through 01/08/09, and 01/09/09  
Muscle testing and range of motion with D.C. dated 01/21/09  
Peer to peer telephone conference notes from Mr. dated 01/23/09 and 02/11/09  
A letter of non-authorization for 10 sessions of further chronic pain management, according to the ODG dated 01/27/09  
An evaluation with Dr. dated 01/29/09  
An appeal letter from Mr. dated 02/02/09  
A preauthorization intake form from Dr. dated 02/05/09  
A rationale for appeal of the pain management program from Dr. dated 02/06/09  
A letter of non-certification from M.D., according to the ODG, dated 02/11/09  
The ODG Guidelines were not provided by the carrier or the URA

## **PATIENT CLINICAL HISTORY**

An MRI of the cervical spine interpreted by Dr. on 07/14/03 showed flattening of the cervical lordosis, degenerative disc disease, and disc bulging at C5-C6. X-rays of the cervical and thoracic spine interpreted by Dr. on 07/14/03 showed moderate to marked restriction of cervical flexion and extension and spondylosis at C4-C5, as well as early spondylosis in the thoracic spine. An EMG/NCV study interpreted by Dr. on 12/10/03 showed bilateral median nerve entrapment and right C7 nerve root irritation. On 10/30/08, Dr. prescribed Lorcet, Soma, Baclofen, Cymbalta, and Lasix. On 11/14/08, Dr. recommended a four week chronic pain management program. An FCE with Dr. on 11/24/08 indicated the patient functioned at the sedentary physical demand level. On 01/27/09, wrote a letter of non-certification for 10 more sessions of a pain management program. On 02/02/09, Mr. wrote a letter of appeal for 10 more sessions of the pain management program. On 02/06/09, Dr. also wrote a letter of appeal for the 10 more sessions. On 02/11/09, Dr. wrote a letter of non-certification for 10 more sessions of the pain management program.

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

This patient has completed 10 sessions of a chronic pain management program. After failing to improve despite non-surgical treatment, including physical therapy epidural steroid injections ESIs, spinal cord stimulation, and even two intrathecal

narcotic pump implantations. That failure of treatment, in light of the lack of any objective evidence of damage, injury, harm, or pathology to any compensable part of the patient's body, indicates the likelihood that any other treatment would be unsuccessful. Therefore, based upon the lack of any significant clinical improvement following 10 sessions of a chronic pain management program, it is not surprising or unexpected for this patient to not have had significant clinical gains. Her pain level remains identical to that documented prior to the chronic pain management program. Similarly, there has been no documented objective evidence of functional improvement or any decrease in the amount of pain medications that patient is taking. Additionally, there have been only minimal changes in the psychological test scores administered to this patient after completing 10 days of the chronic pain management program, again providing evidence of the lack of clinical improvements or benefit from the initial 10 sessions of the chronic pain management program. According to ODG treatment guidelines, treatment through a chronic pain management program is not recommended for longer than two weeks "without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains." This patient, therefore, clearly does not meet the criteria for more than the two weeks of chronic pain management program treatment she has already received, as she has clearly not demonstrated significant efficacy documented by either subjective or objective testing. The pain level, functional status, and medication use remain unchanged. In patients for whom there is no objective evidence of damage, injury, harm, or pathology to any compensable part of their body and who have failed to get any significant benefit despite exhaustive treatment, there is no medical reason, necessity, or likelihood that continuation of a chronic pain management program which has provided no significant clinical benefit would be of any clinical value. Having failed to obtain the necessary clinical improvement from the initial 10 sessions of the chronic pain management program, there is no medical reason, necessity, indication, or support in the ODG treatment guidelines for the requested additional 10 sessions of a chronic pain management program. Therefore, the previous recommendations for non-authorization from the two independent physician advisors for 10 additional sessions of a chronic pain management program are upheld.

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