

# Prime 400 LLC

An Independent Review Organization  
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**DATE OF REVIEW:**

May/13/2009

**IRO CASE #:**

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

Chronic Pain Management Program Lumbar 5xwk x 2wks (97799)

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management

**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**

ODG Guidelines and Treatment Guidelines  
Determination Letters, 1/23/09, 3/4/09  
IRO Summary, 4/28/09  
Employer's First Report of Injury or Illness, xx-xx-xx  
Associate Statement, 7/21/07  
MD, 7/31/07  
Solutions, 8/22/07  
Radiographic Report, 8/30/07  
MD, 9/14/07  
Radiology Report, 11/23/07  
MRI of the Lumbar Spine, 11/23/07  
Dr. MD, 12/1/07, 1/18/08, 3/10/08, 3/27/08, 4/30/08, 7/10/08,  
8/22/08,  
12/10/07, 1/22/08, 8/26/08, 12/17/08, 12/29/08, 2/24/09  
Right Transforaminal ESI, 12/14/07  
Dr. MD, 1/17/08  
Left Transforaminal ESI, 2/15/08  
MD, 3/27/08, 4/30/08, 5/29/08  
Diagnostics, 5/29/08, 8/22/08  
FCE, 6/17/08, 10/25/08, 2/4/09  
Medical Diagnostics, 7/1/08, 8/19/08  
Dr. 7/1/08, 10/21/08, 12/24/08, 1/13/09  
Operative Report, 8/4/08

Radiology Report, 8/4/08  
Psychodiagnostic Evaluation, 1/5/09  
Work Hardening/Conditioning Schedule, 1/6/09

#### **PATIENT CLINICAL HISTORY SUMMARY**

This is a woman injured on xx-xx-xx. Dr. initially saw her and found a normal neurological examination. She subsequently saw other doctors including Dr. who found decreased right L4-S1 motor and sensory findings. Reflexes were symmetrical. She had an MRI that showed an L4/5 HNP with compromising of the right more than the left L4/5 nerve roots. An EMG suggested a right L4 radiculopathy. The SSEP showed bilateral L5/S1 radiculopathy. She failed to improve with lumbar epidural injections. Dr. did not feel surgery was appropriate. She had kinesiological studies and FCEs. She saw Dr. who advised surgery (right sided L4/5 discectomy and hemilaminectomy). This was performed on 8/4/08. She underwent the kinesiological studies and FCE a third time, only two weeks post surgery. Her pain continued. Dr. saw her 3 months post surgery and found no neurological problems, but she had some right leg and back pain. She had an additional FCE with the back and right leg pain. She entered a Work Hardening program in December 2008. Dr. noted some back pain, but no radicular pain. He was happy with her recovery and advised a pain program (12/24/08) for 4-6 weeks. He stated this again on 1/13/09 at the time that she completed her work hardening program. She had another FCE on 2/4/09 where she still had back pain

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

This patient has already participated in a postoperative work hardening program. Ten sessions of a chronic pain management program have been requested and are the subject of this review.

The ODG discusses both work hardening and chronic pain programs. They are considered similar programs and re-enrollment in a similar program for the same condition or injury is not recommended by the guidelines except in certain instances. For example, the guidelines state if there is a substance abuse problem, a CPMP may be warranted after a work hardening program.

There is no substance abuse problem apparent from the medical records provided in this case. Indeed, it does not appear that this patient is taking any pain medications at this time. She is not on any opiates. She has had several FCEs. She has increased her strength. Her prior job required her to be at a medium physical demand level, and she was at a light medium level. She has had counseling as part of the Work Hardening program. Ms. felt she had ongoing anxiety and depression that needed to be addressed. She also advised a chronic pain program.

Many of the criteria for CPMP emphasize the goal of reduction of the use of pain medications, and correction of maladaptive behaviors. Ms. noted that though this patient had some pain, her goal is not pain control, but to return to work: "She needs to return to work and is concerned about her lack of strength to perform the required work duties." This was the goal of the work hardening program that has already been completed by this claimant.

After reviewing the records and the guidelines, the reviewer finds that this patient does not have any specific need to warrant the sequential work hardening to pain program. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program Lumbar 5xwk x 2wks (97799).

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