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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/26/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 Sessions

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

M.D., Board Certified Orthopedic Surgeon

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

UR review letters, 08/03/09, 08/21/09

Peer review, Dr. , 01/19/09

Regional Medical Center ER, 09/16/08

Initial consultation, Dr. 09/17/08

PT notes, 09/18/08-11/24/08

Office notes, Dr. 10/01/08, 11/03/08, 12/08/08, 01/12/09, 02/09/09, 03/13/09, 04/13/09, 05/20/09

MRI lumbar spine, 12/19/08

EMG/NCV, 02/16/09

Consultation and letter of medical necessity, Dr. 06/02/09

Mental Health Evaluation, LPC, 07/14/09

Pre-authorization Request for Chronic Pain Management, Dr. 07/29/09

Functional Testing, 08/13/09

Discharge summary, LPC, 08/13/09

Request for Reconsideration, Dr. 08/14/09 09

Appeal, Dr. 09/11/09

Examples of IRO Rationale

Guidelines

Various references re: Chronic pain

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury on xx/xx/xx. While he was unloading boxes from a truck, the claimant felt a sudden pain in back that gradually increased over time. He was seen in the emergency room xxxx days after his injury for low back pain. Lumbosacral spine x-rays done revealed minimal degenerative changes. The claimant was diagnosed with a lumbar strain, given an intramuscular injection of Toradol and given prescriptions for Motrin and Flexeril.

The claimant saw Dr. on 09/17/08. He complained of pain that radiated into left leg. On physical examination he had mild to moderate tenderness and tenseness of the musculature in his lumbosacral spine. Straight leg raising tests were positive on the left and negative on the right. Patellar and ankle reflexes were present bilaterally. Dr. recommended physical therapy and anti-inflammatories. Physical therapy did not give the claimant any relief and Dr. recommended MRI of the lumbar spine. This was done on 12/19/08 and revealed a right paracentral disc protrusion that was superimposed on a moderate spondylosis and annular disc bulging at L2-3. The central canal and lateral recesses at L2-3 showed mild to moderate encroachment, right greater than left. The neural foramina bilaterally at L2-3 were moderately encroached. The neural foramina at L3-4, L4-5 and L5-S1 showed moderate to severe encroachment. The exiting L3 through L5 nerve root sheaths bilaterally were contacted. There was a broad based right dorsolateral L4-5 disc protrusion and osteophytes slightly narrowed the right lateral recess at that level. The lateral recesses bilaterally at L3-4 were borderline stenotic secondary to osteophytes and annular disc bulging. In his peer review report of 01/19/09, Dr. observed that the MRI identified probable pre-existing disease, clinical physical exam findings did not correlate with any verifiable radiculopathy and with the absence of radiculopathy it was not medically probable that there was any aggravation to the pre-existing lumbar degenerative changes as there was no new structural damage. Since medical records failed to identify any substantial improvement, Dr. felt that the claimant should be encouraged to go back to work with restrictions and perform a home exercise program.

An EMG/NCV done on 02/16/09 was remarkable for an acute right S1 radiculopathy. When the claimant saw Dr. on 03/13/09, his straight leg raising test was now positive on the right and negative on the left. Dr. recommended an epidural steroid injection. The claimant saw Dr. on 06/02/09 and he also recommended an epidural steroid injection at L1-2 with bilateral transforaminal epidural steroid injections at L1-2 to alleviate pain and reduce inflammation. This was denied.

On 07/14/09 the claimant had a mental health evaluation and it was felt that the claimant was an appropriate candidate for a comprehensive chronic pain management program that would include individual psychotherapy, group psychotherapy, biofeedback, vocational counseling, nutritional counseling, exercise and physical therapy to decrease the intensity of his subjective pain, reduce medications, increase his ability to manage pain and improve his range of motion, flexibility and the likelihood he would be able to return to work. Dr. requested 10 sessions of a chronic pain management program but his request has been denied twice.

In his most recent appeal letter of 09/11/09, Dr. observed that the claimant required medical services that were only available in a chronic pain management program in order to address the psychological component of the claimant's injury, achieve clinical maximal medical improvement and to return to gainful employment. The claimant understood this was his final phase of treatment, and upon completion of a chronic pain management program, he would undergo an evaluation for impairment and return to work.

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

It is unclear from the records provided what benefit a pain management program will have in this claimant, with chronic pain as well as mood disorder noted in the records. There was functional test, noting the claimant was performing at a light physical demand level. The claimant's injury was reported a year ago and the records indicate that previous therapies have been of little benefit. The clinical records reviewed indicated the claimant's pain

complaints waxed and waned and were, at times, quiet vague. There is no evidence in the records provided that a pain management program will lead to any significant improvement or overall change in the clinical condition at this point in time. There is no indication of any attempts at self-management of his chronic condition to include daily exercise and an attempt at return to work.

There appears to be a more heavily biased deficiency with some psychiatric factors outweighing the physical factors according to the mental health evaluation. The request does not conform to the ODG. The reviewer finds that medical necessity does not exist at this time for Chronic Pain Management Program x 10 Sessions.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates,
General use of Multidisciplinary Pain Management Programs

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)