



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 09/08/09

**IRO CASE NO.:**

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

Item in dispute: Chronic pain management program times 160 hours

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

Texas Board Certified Physical Medicine & Rehabilitation  
Fellowship Trained Pain Management

**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. Chronic pain management prior authorization/evaluation from Specialty Group, 02/25/09
2. Psychosocial assessment by LMSW, 06/05/09
3. Work Recovery evaluation, D.C., 06/05/09
4. Office notes, Dr. Psychiatrist, 07/07/09
5. Previous determination 07/20/09, 08/13/09
6. Specialty Group, 07/13/09 thru 08/07/09
7. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

According to the medical records provided, this employee sustained an injury while working for a painting company. He was working eight hours a day and complained of pain in his lumbar and cervical area after falling five feet to the ground.

Prior to the injury, there were unresolved problems in the compensable areas of injury. On xx/xx/xx, there was a reported incident where a policeman jumped on him landing on his back leading to arthritis in his neck and back. He reported difficulty with sleep and chronic pain.

The most recent office visit occurred on 07/07/09 with Dr. M.D. At that time, the employee was complaining of previous injury to the lumbar back and posterior neck. The pain was frequent without any physical exertion and constant when he was exerting himself. Previous medications included Amitriptyline, Naprosyn, Cyclobenzaprine, Hydrocodone, Zoloft. The physical examination showed the employee to be 72 inches tall, weighing 185 pounds. There was guarded movement of the posterior neck and lumbar back. A physical capacity evaluation was noted to document significant strength deficits which needed to be addressed. Cervical spine muscle strength was noted to be decreased. Range of motion showed decrease in endurance and tolerance with specific activities required for successful transition back to work. Active range of motion was abnormal with pain and with restriction. Mental status revealed emotional distress because bills were mounting, and there was no money to pay them. There was frustration due to the fact that the injury was causing him problems in the normal scope of life. There was also noted to be depression. The impression was significant injury to the lumbar back and posterior neck. The plan was to carefully manage the employee's medications and attempt to engage him into a chronic pain management program.

An evaluation occurred on 06/05/09 with Dr. D.C. This was with Work Recovery Incorporated. Each area that was tested which included lifts, knuckles height, static lifting, bench height, static lifting, ankle height, observation for push, pull for shoulders, stooping, kneeling, crouching, and reaching, and all showed significant pain response of 7/10 with most midline posterior pain in the neck, 6/10 pain in the head to 7/10 and midline posterior head pain.

The most recent treatment has consisted of cervical facet rhizotomy on 02/13/09 with Dr. Those office notes were not available for review.

Other additional previous treatments have included home exercise, physical therapy, osteopathic manipulation, trigger point injections, SI joint injections, psychological therapy, emergency room treatments, multiple medications, and facet injections.

There was an evaluation by Specialty Group, P.A. prior authorization request for chronic pain management. This was an evaluation by occupational therapist. The request for chronic pain management program is due to high pain levels and related behavioral issues.

The previous chronic pain management program was performed and completed approximately four years ago as per evidence in the clinical medical records.

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

Based upon the presented medical documentation, as well as current **Official Disability Guidelines**, on-line version, Pain Chapter, there is no substantial medical

evidence to support the use of a chronic pain management program for this employee. The previous denial is upheld.

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

**1. Official Disability Guidelines Pain Chapter**