

SENT VIA EMAIL OR FAX ON  
Nov/29/2010

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**  
Nov/29/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Bilateral C5/C6 interlaminar epidural steroid injection; Bilateral L3/L4 thru L5/S1 facet injection

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics. Medical Director of Rehabilitation.

**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 9/8/10 and 10/12/10  
IRO Letter 11/12/10  
Spine Specialists 8/24/10  
Dr. 11/19/08  
CT Abdomen and Pelvis 12/8/04  
282 pages from the URA 12/8/04 thru 10/12/10  
Dr. 6/29/05 thru 4/15/10  
DDE 6/17/09 and 11/13/09  
Dr. 10/20/09

**PATIENT CLINICAL HISTORY SUMMARY**

This claimant has a date of birth of xx/xx/xx. He is 6'1" and 305 pounds. He has a 100-pack year smoking history. He reported back pain on xx/xx/xx. He was working as a xx and his

foot slipped on a step causing a twisting of his back. He complains of back and neck pain. He is working as a xx now. He had 14-15 weeks of PT after the reported pain. He has been on Celebrex, Lortab and Flexeril in the past. Lumbar CT shows mild degenerative osteophytosis of the lumbar vertebrae. MRI of the lumbar shows facet degeneration and multi-level disc dessication with L45 posterior disc protrusion. He has had chiropractic in the past, which was helpful. He does have back pain intermittently. He had an ESI in May of 2006 and there was a reported 70% improvement. He had an ESI September of 2006 and it was reported it helped the leg pain. There are no submitted diagnostics indicating cervical radiculopathy. There has been no recent lower level conservative care for the neck and low back.

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

This claimant has not recently had lower levels of care for his neck and low back pain. He has an underlying degenerative process that is not related to his reported injury of xx/xx/xx. He is a smoker which has a positive correlation to back pain. He is overweight which correlates positively to back pain. There is no evidence of nerve compression to support the request for a cervical ESI. Facet injections and ESIs are not supported, as there has not been a lower level of care. Chiropractic has worked in the past. There is not evidence that patient is performing an exercise program. He is not currently using medications for his pain.

**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)

Behavioral and Cognitive-Behavioral Treatment for Chronic Pain: Outcome, Predictors of Outcome, and Treatment Process McCracken, Lance M. PhD; Turk, Dennis C. PhD SPINE 15

November 2002 - Volume 27 - Issue 22 - pp 2564-2573 Supplement: Interventional Management of Chronic Benign Spinal Pain Syndromes Results. Overall, BT-CBT for chronic pain reduces patients' pain, distress, and pain behavior, and improves their daily functioning. Differences across studies in sample characteristics, treatment features, and assessment methods seem to produce varied treatment results. Also, some patients benefit more than others. Highly distressed patients who see their pain as an uncontrollable and highly negative life event derive less benefit than other patients. Decreased negative emotional responses to pain, decreased perceptions of disability, and increased orientation toward self-management during the course of treatment predict favorable treatment outcome.