



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 12/13/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Reconsideration requested by MD for Daily Chronic Pain Management Program, as an outpatient, for 80 hours, related to the lumbar spine pain condition.

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

Texas Board Certified Occupational Medicine

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. 10/08/09 - Electrodiagnostic Studies
2. 10/15/09 - MRI Lumbar Spine
3. 08/13/10 - MRI Lumbar Sine
4. 09/29/10 - Behavioral Evaluation Report
5. 09/29/10 - Functional Capacity Evaluation
6. 10/06/10 - Pre-Authorization Request
7. 10/13/10 - Utilization Review
8. 10/18/10 - Request for Reconsideration
9. 10/25/10 - Utilization Review
10. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who sustained an injury on xx/xx/xx while he and a co-worker were carrying a 150-pound bag. The co-worker did not properly secure the bag. The weight shifted to the claimant and he felt pain in the low back.

Electrodiagnostic studies performed 10/08/09 revealed electrophysiologic evidence most consistent with an active denervation/reinnervation radicular process involving the left S1 nerve root.

An MRI of the lumbar spine performed 10/15/09 demonstrated a left paracentral 4 mm herniated nucleus pulposus at L3-L4 with bilateral facet arthropathy that created moderate stenosis with left L4 nerve root and lateral recess encroachment. There was a left paracentral and left lateral 3 mm herniated nucleus pulposus at L5-S1 with facet arthropathy that created mild stenosis with left S1 nerve root compromise. There was a central 3 mm herniated nucleus pulposus at L2-L3 with facet arthropathy that created mild stenosis with bilateral L3 nerve root encroachment.

The claimant underwent an L5-S1 discectomy on 05/10/10. The operative report was not submitted for review.

An MRI of the lumbar spine performed 08/13/10 demonstrated postoperative changes on the left at L5-S1 from a previous left-sided laminectomy with recurrent left paracentral 3-4 mm herniated nucleus pulposus with facet arthropathy and some enhancing epidural fibrosis creating moderate left lateral recess and S1 nerve root compromise. There was interval evolution of fissure formation within the disc herniation at L3-L4 with some lateralization to the left. There were relatively stable changes at L3-L4 and L4-L5 with some apparent mild improvement of the disc herniation at L3-L4 in the interval.

The claimant was seen for Behavioral Evaluation on 09/29/10. The claimant rated his pain at 10 out of 10. The claimant described the pain as constant, sharp, and throbbing. Prior treatment included physical therapy, therapeutic massage, warm/cold compresses, surgery, epidural steroid injection, prescribed oral analgesics, and medical supportive care. Current medications included Hydrocodone and Soma. The claimant's Oswestry Disability Index score was 68%. The claimant's Beck Depression Inventory score was 20, indicating moderate depression. The claimant's Beck Anxiety Inventory score was 10, indicating mild anxiety. The claimant was assessed with pain disorder associated with psychological factor and general medical condition and major moderate depression. The claimant was recommended for a chronic pain management program.

A Functional Capacity Evaluation was performed on 09/29/10. The claimant's occupation of unloading trucks required a heavy physical demand level. The claimant was currently performing at a sedentary physical demand level.

A preauthorization request dated 10/06/10 stated the claimant had chronic pain, functional deficits, and a secondary depressive reaction. The claimant did not have adequate pain and stress management skills. Prior treatment included medications, therapy, physical rehabilitation, injection therapy, and lumbar spine surgery. The

claimant needed specific pain and stress management training as well as significant vocational readjustment. Therefore, the claimant was recommended for a chronic pain management program.

The request for Daily Chronic Pain Management Program as an outpatient for eighty hours related to the lumbar spine condition was denied by utilization review on 10/13/10 due to no indication as to how much physical therapy the claimant had received. There was no indication as to the current level of pain the claimant was experiencing. There was no indication as to why he was experiencing continued pain. There was no indication as to whether he was a candidate for any type of interventional blocks. The claimant was only four months postoperative, and this would be very premature for entrance into a pain management program.

The request for Daily Chronic Pain Management Program as an outpatient for eighty hours related to the lumbar spine condition was denied by utilization review on 10/25/10 due to lack of diagnostic work-up postsurgical intervention to determine the persistent pain generator in this individual. The claimant had not attempted conservative care.

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

The clinical documentation provided for review does not support the chronic pain management program as requested. The claimant underwent lumbar discectomy at L5-S1 in May of 2010, and there is minimal documentation that the claimant exhausted all reasonable lower levels of postoperative care such as physical therapy, medications, or injections. Current evidence-based guidelines recommend that claimant's be refractory to all lower levels of care before considering tertiary treatment such as chronic pain management programs.

As the clinical documentation does not indicate that the claimant has reasonably exhausted all lower levels of care at this point in time, the requested chronic pain management program for eighty hours is not indicated as medically necessary.

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

Official Disability Guidelines, Online Version, Pain Chapter.