

SENT VIA EMAIL OR FAX ON
Dec/06/2010

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Chronic Pain Program 10 visits over 2 wks

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

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

OD Guidelines

Notice of Reconsideration: 10/21/10

Review: 09/30/10 and 10/25/10

Medical Re-evaluation: one- no date, 10/21/09, 11/11/09, 12/03/09, 01/28/10, 03/03/10, 05/26/10, 06/21/10,

Operative Report: 02/23/04

MRI Report: 05/20/08

Psychiatric Evaluation: 08/22/09 and 06/25/10

Office Note, Dr. i: 01/07/10, 07/22/10, 09/02/10, 09/30/10 and 10/27/10

Physical Performance Evaluation: 06/25/10

RME, Dr.: 08/13/10

Request for Authorization: 09/25/10

Appeal: 10/18/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a reported injury on xx/xx/xx when he fell from an excavator and landed on his head. The claimant has a history of insulin dependent diabetes and was a non smoker. He last worked in 2003. No formal job description was provided. Reference was made to a Very Heavy physical demand level requirement of his job with the need to bend, stoop, squat, drive, walk, stand, sit, crawl, climb, balance and reach overhead. Initial treatment records were not provided for review. Reference was made to treatment for the cervical spine, bilateral shoulders, thoracic spine, lumbar spine, depression and anxiety. Reports were not provided, but notation was made for: cervical MRI on 04/17/01 with disc protrusion at C5-6 with moderate spinal stenosis and moderate cord compression; right shoulder MRI on an unknown date with acromioclavicular degenerative joint disease and mild tendinitis; cervical MRI on 03/25/03 with postoperative changes and narrowing of the left side of the canal with slight cord compression; lumbar MRI on an unknown date with L5-S1 inferiorly extruded disc protrusion without impingement and degenerative disc disease; thoracic MRI on an unknown date with T2-3 disc protrusion that may impinge the anterior cord, left exiting T2 nerve root and traversing T3 nerve root; electrodiagnostic studies from an unknown date that reported C5 radiculopathy on the right with bilateral carpal tunnel syndrome; and cervical MRI study from 05/20/08 with mild disc protrusions at C4-5 and C7-T1 with neural impingement of the anterior cord and traversing C7 and T1 nerve roots that could explain the ongoing radiculopathy, no evidence of hardware failure, minimal C5-6 and C6-7 posterior scarring and degenerative disc disease throughout. Reference was made to right shoulder arthroscopy on 06/06/02; C5-7 anterior discectomy and fusion with instrumentation on 09/16/02; and left shoulder arthroscopy on 02/23/04 for labral debridement, acromioplasty and distal clavicle excision. The claimant had ongoing complaints of bilateral, right greater than left, shoulder pain as well as cervical spine pain with radiculopathy. Reference was made to multiple courses of physical therapy, activity modification, electrical stimulation, massage, home exercises, ultrasound, multiple injections including epidural steroid injections, psychiatric treatment and long term use of Flexeril, BuSpar and Darvocet.

A psychiatric evaluation performed on 08/22/09 indicated the claimant worked for several years after the injury but currently could not work due to his neck and shoulder complaints. Notation was made that the claimant did not express a desire to return to work and observation of pain behaviors were made. The claimant was diagnosed with chronic pain, depression and anxiety. The claimant's prognosis was noted to be good and recommendation was made for participation in a chronic pain management program. Physician evaluation on 10/21/09 noted physical examination findings of positive cervical compression test, normal gait, limited cervical motion, cervical spasms, overall poor upper extremity muscle tone, limited bilateral shoulder motion, positive Neer impingement, decreased left greater than right grip and numbness in both hands. Diagnoses were made for cervical facet syndrome with radiculopathy; bilateral shoulder impingement with acute myositis; and failed cervical surgery. Recommendation was made to continue use of medications and continue individual counseling. The claimant followed on a monthly basis with essentially the same complaints and findings related to cervical spine pain, upper extremity weakness, limited cervical motion, cervical spasms, limited bilateral shoulder motion, bilateral shoulder spasms, bilateral upper extremity weakness and limited bilateral shoulder motion especially with overhead reach. Recommendation continued for use of medications, primarily Flexeril, BuSpar and Darvocet; intermittent use of Biofreeze and Lidoderm patches; and a work hardening program to address shoulder strengthening, pain and function. The claimant was noted to participate in a home exercise program.

Monthly physician records were provided from 10/21/09 through 10/27/10. An office note on 01/07/10 indicated the claimant had difficulty dressing. A functional capacity evaluation was reviewed on 01/28/10 with notation that recommendation was again made for work hardening for the shoulder impingement, muscle tone and strengthening. Recommendation was made on 06/21/10 for electrodiagnostic studies to evaluate for cervical radiculopathy for complaints of increased shoulder pain. The request continued throughout the records provided. Another functional capacity evaluation was completed on 06/25/10 with notation the claimant could not safely return to work without restrictions and his physical demand level for work was Very Heavy. The claimant reportedly tested at Sedentary Light demand level. It was again noted

that the claimant would benefit from an interdisciplinary chronic pain management program. Another psychiatric evaluation was conducted on 06/25/10 with notation the claimant met accepted criteria for an interdisciplinary chronic pain program. The evaluation noted the claimant was motivated for treatment. A required medical evaluation by Dr. on 08/13/10 referenced a prior evaluation from 12/09/02 that documented a right frozen shoulder. Physical examination demonstrated decreased sensation in a nondermatomal fashion in the bilateral upper extremities; equal reflexes at 1+; give way weakness in all muscles of the bilateral upper extremities; decreased external rotation in the bilateral shoulders; and positive Waddell signs. Dr. indicated he did not feel the claimant was a candidate for a chronic pain program as the claimant was far from injury; had no objective findings on physical examination; had positive Waddells; had prior physical therapy programs; and had multiple secondary gain issues. Dr. reported the claimant was not a surgical candidate, did not require further injections, could continued use of Darvocet and did not need electrodiagnostic evaluation. Dr. continued to recommend medications, electrodiagnostic studies and a chronic pain program.

Dr. indicated the claimant met criteria for chronic pain program as there was documentation of the patients motivation to change, there was a thorough evaluation done; the claimant had psychiatric disorders; the claimant was excessively dependent on healthcare providers; negative predictors of success had been evaluated; the claimant required continued use of prescription medication; and that even though the claimant had been disabled for more than 24 months, participation in the program would allow his function and psychiatric status to be evaluated, reduce occurrence of symptoms, maximize function and optimize medication use. An appeal for the chronic pain program made on 10/18/10 indicated the program was recommended for both increased function and psychiatric issues. It was noted that given failed surgery and continued high levels of pain, the claimant would be unsure if he could return to work and that did not translate into a lack of motivation to return to work. It was noted the program would incorporate vocational rehabilitation with the treatment for increased function and psychiatric issues. Physical examination on 10/27/10 by Dr. showed full muscle tonicity, bilateral shoulder tenderness, limited cervical motion, 4/5 bilateral grip weakness and right shoulder impingement. Recommendation continued for ten sessions of work hardening.

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

The proposed out patient chronic pain program ten visits over two weeks would not be considered medically necessary and appropriate based on the records provided in this case.

If one looks to the ODG Guidelines criteria for the general use of a multi-disciplinary pain management program, there are fifteen criteria for admission to the program, one of which includes that there should be documentation that the claimant has motivation to change the medication regimen. There should also be documentation the claimant is aware that successful treatment may change compensation and/or other secondary gains in this case. The claimant has not been back to work in quite some time. There is no documentation that the claimant is motivated to improve or accept a change in compensation or other secondary gains. As there is no documentation provided that the claimant is motivated to change sufficiently to resume employment a chronic pain program, ten visits over two weeks would not be considered medically necessary and appropriate in this case based on the ODG Guidelines.

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)