

INDEPENDENT REVIEWERS OF TEXAS, INC.

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DATE OF REVIEW: 11/24/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Reconsideration (20117) Chronic Pain Management 10 sessions

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

Texas Board Certified Physical Medicine & Rehabilitation

Texas Board Certified 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. 07/09/08 - Radiographs Lumbar Spine
2. 07/15/08 - MRI Lumbar Spine
3. 11/20/08 - Radiographs Lumbar Spine
4. 04/02/09 - Operative Report
5. 06/10/09 - Clinical Note - DO
6. 06/25/09 - Designated Doctor Evaluation
7. 07/09/09 - Clinical Note - DO
8. 09/18/09 - Designated Doctor Evaluation
9. 11/18/09 - Clinical Note - MD
10. 04/08/10 - Clinical Note - DO
11. 05/12/10 - CT Lumbar Spine
12. 05/15/10 - Lumbar Discogram
13. 05/20/10 - Clinical Note - DO
14. 06/18/10 - Psychological Evaluation
15. 06/18/10 - Functional Capacity Evaluation
16. 09/08/10 - Pre-Certification Request - Rehabilitation Center
17. 09/22/10 - Utilization Review
18. 10/15/10 - Utilization Review

19. Official Disability Guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when his back gave out while exiting a car, causing him to fall. It should be noted that the clinical records are difficult to interpret due to poor copy quality.

Radiographs of the lumbar spine performed 07/09/08 demonstrated mild degenerative joint disease in the lower lumbar spine. Facet joint arthritis was noted at L5-S1.

An MRI of the lumbar spine performed 07/15/08 demonstrated a bulging disc at L4-L5 and bilateral facet arthropathy at L5-S1.

The employee underwent lumbar facet injections from L4 to S1 on 04/02/09.

The employee was seen for Designated Doctor Evaluation on 06/25/09. The employee complained of low back pain that radiated to the bilateral lower extremities. The employee reported numbness and tingling in the bilateral lower extremities. The employee rated the pain at 7 out of 10 on the visual analog scale. The employee stated he had made an overall 20% improvement to date. Physical examination revealed the employee was able to heel and toe walk. The L3 to S1 sensory dermatomes were within normal sensory perceptions bilaterally. There was no tenderness of any of the osseous structures relative to the compensable injury. The employee was assessed with lumbar sprain/strain. The employee was placed at Maximum Medical Improvement (MMI) and was assigned a 0% whole person impairment.

A CT of the lumbar spine performed 05/12/10 demonstrated Grade I anterolisthesis of L5 on S1 with mild disc degeneration, diffuse annular bulge, and Grade 3 annular tear. There was mild disc degeneration, diffuse annular bulge, and annular tearing at multiple levels.

The employee underwent diagnostic provocative discography at L2-L3, L3-L4, L4-L5, and L5-S1 on 05/15/10. There was no pain produced by this study.

The employee was seen for psychological evaluation on 06/18/10. The employee complained of low back pain that radiated to the lower extremities bilaterally with intermittent numbness of the legs. The employee stated he was not currently working, but expressed a desire to return to work. Current medications included Ultram 50 mg and Darvocet-N 100. The employee reported sleep disturbance due to pain. The employee's Beck Depression Inventory score was 17, indicating mild depression. The Beck Anxiety Inventory score was 11, indicating mild anxiety. The employee was recommended for a chronic pain management program.

A Functional Capacity Evaluation performed 06/18/10 stated the employee was functioning at a sedentary physical demand level. Current medications included Darvocet, Ultra, and ibuprofen. The note stated the employee had completed twenty sessions of work hardening. The employee was recommended for a chronic pain management program.

The request for a chronic pain management program was denied by utilization review on 09/22/10 due to no trial of medication weaning. The employee was tried in a work hardening program and return to work with restrictions. The employee was indicated to have lost his job. The employee was currently in a DARS retraining program. The employee had been brought to MMI with a 0% impairment rating.

The request for a chronic pain management program was denied by utilization review on 10/15/10 due to the employee having been disabled for over twenty-four months. The employee had already undergone a work hardening program, and a pain management program would not be supported.

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 requested chronic pain management program. The employee has previously undergone a work hardening program for twenty sessions that allow the employee to return to work. The employee had previously been placed at MMI, and the employee appears to have been disabled for more than twenty-four months. Current evidence-based guidelines do not recommend a second tertiary level of care, such as a chronic pain management program, program when the employee has already attended other types of functional restoration programs. Chronic pain management programs are not as effective for individuals who have been continuously disabled for twenty-four months or longer.

Given that there is no indication of any significant functional limitations that would reasonably require a chronic pain management program and that the employee has already attended a tertiary functional restoration program that allowed the employee to return to work, the requested chronic pain management program would not be 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