



Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 01/31/10

**IRO CASE #:**

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

Eighty hours of a chronic pain management program between 01/05/10 and 03/06/10.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified Neurologist and Pain Specialist, fellowship trained in Pain Management

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
71893	97799		Concurrent		12/10/09 – 03/06/10				Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial dated 12/14/09 and 01/08/10
3. History and physical dated 08/24/09
4. Rehab treatment components, 12/02/09
5. Functional Capacity Evaluation
6. Preauthorization request dated 12/03/09 and request for reconsideration, 01/05/10
7. Initial behavioral medicine consultation, 01/04/08

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant sustained a work-related injury on xx/xx/xx after which she had a sudden onset of severe pain followed by numbness in the left hand. Symptoms reportedly worsens when the patient drives and holds the steering wheel or with lifting of objects. She initially received a thumb splint as well as a course of physical therapy. MRI scan done on 02/19/08 reportedly shows a small ganglion cyst in addition to some minimal degenerative changes. She then underwent a left de Quervain's/first dorsal release on 09/16/08. She also underwent some sessions of individual psychotherapy as well as biofeedback training, then initiated participation in a chronic pain management program in August 2008. She underwent a left carpal tunnel release on 01/13/09. Records available report an EMG study done on 03/26/09 and may have shown a "C8 radiculopathy." It is not clear to this reviewer whether this claimant had an EMG study prior to her surgeries, and specifically if there was evidence of carpal tunnel syndrome versus radiculopathy, etc. It is also unclear to this reviewer from the records provided whether this claimant has actually ever been evaluated by a neurologist or a pain specialist.

Medications currently include tramadol as an analgesic, Celebrex as an anti-inflammatory medication analgesic, Lyrica as a membrane stabilizer, Cymbalta, Ambien for sleep, and Flexeril as a muscle relaxer. Since the claimant has completed twenty days of an interdisciplinary chronic pain rehabilitation program, it is felt that an additional ten days would benefit the patient's ability to return to work. Progress reported near the end of her chronic pain management program over a year ago indicates increases (slight) in her pain level and tension and fairly small decreases in other parameters, except that she did have a 50% reduction in "forgetfulness."

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

I am in agreement with prior reviewers that the addition of ten days (80 hours) of a chronic pain management program at this point will be highly unlikely in improving this claimant's symptoms or her ability to return to work. Not only did the initial twenty days of the program fail to result in any meaningful progress, the amount of time that has passed since that program and the requested services would not allow for any reasonable "continuation" to be inferred. I do not believe there is any reasonable expectation that an additional course in a chronic pain management program will result in the goals that have been set forth for this claimant.

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

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).