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Notice of Independent Review Decision

DATE OF REVIEW: 02/12/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Item in dispute: Chronic Pain Management Program / 80 hrs

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME
Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. Emergency room notes dated 11/05/08
2. Initial evaluation D.C. dated 11/19/08
3. Chiropractic notes dated 11/20/08 and 11/21/08
4. Evaluation Dr. dated 11/21/08
5. Chiropractic notes dated 11/25/08-01/06/09
6. MRI thoracic spine dated 12/10/08
7. MRI lumbar spine dated 12/10/08
8. Clinical note Dr. dated 01/07/09
9. Clinic note Dr. 01/08/09
10. Chiropractic notes dated 01/08/09-01/15/09
11. Texas Work Comp status report dated 01/15/09
12. Utilization review approval letter dated 01/20/09
13. Clinic note Dr. dated 01/21/09
14. Consultation with Dr. dated 01/26/09
15. Clinic note dated 02/16/09
16. Chiropractic note dated 02/16/09
17. Texas Work Comp status report dated 02/19/09
18. Chiropractic notes dated 02/23/09-02/27/09
19. Consultation with Dr. dated 02/27/09
20. Chiropractic notes dated 03/02//09-03/09/09

21. Letter of dispute dated 03/05/09
22. MRI right hand dated 03/11/09
23. MRI right wrist dated 03/11/09
24. Chiropractic note dated 03/16/09
25. Texas Work Comp status report dated 03/16/09
26. Chiropractic notes dated 03/16/09-04/10/09
27. Consultation note Dr. dated 03/19/09
28. Electrodiagnostic testing dated 03/19/09
29. Utilization review letter dated 03/26/09
30. Chiropractic notes dated 03/26/09-03/27/09
31. Consultation with Dr. dated 03/27/09
32. Utilization review letters dated 03/30/09 and 04/02/09
33. Utilization review letter dated 04/03/09
34. Consultation with Dr. dated 04/10/09
35. Electrodiagnostic studies dated 04/14/09
36. Chiropractic note dated 04/16/09
37. Texas Work Comp status report dated 04/16/09
38. Chiropractic note dated 04/20/09
39. Consultation with Dr. dated 04/24/09
40. Chiropractic notes dated 04/27/09-05/01/09
41. Evaluation by Dr. dated 05/07/09
42. ERGOS evaluation report dated 05/13/09
43. Clinic note Dr. dated 05/21/09
44. Utilization review letter dated 06/01/09
45. Clinic note Dr. dated 06/08/09
46. Utilization review letter dated 06/12/09
47. Chiropractic notes dated 06/12/09-08/17/09
48. Clinic note Dr. dated 06/30/09
49. Consultation Dr. dated 08/04/09
50. Consultation note Dr. dated 08/05/09
51. Therapy progress report dated 08/13/09
52. Status report dated 08/28/09
53. Operative report dated 09/02/09
54. Chiropractic note dated 09/18/09
55. Utilization review letter dated 09/22/09
56. Consultations with Dr. dated 10/06/09 and 10/13/09
57. Chiropractic notes dated 10/21/09 and 10/23/09
58. ERGOS evaluation report dated 10/23/09
59. Chiropractic note dated 11/03/09
60. Consultation with Dr. dated 11/03/09
61. Psychosocial assessment dated 11/04/09
62. Utilization review letter dated 11/16/09
63. Chiropractic notes dated 11/18/09-11/30/09
64. Consultation with Dr. dated 12/01/09
65. Status report dated 12/07/09
66. Consultation with Dr. dated 12/15/09
67. Psychosocial assessment dated 12/15/09
68. ERGOS report dated 12/15/09
69. Treatment plan dated 12/15/09

70. Utilization review letter dated 12/28/09
71. Psychosocial assessment updated dated 01/08/10
72. Appeal letter dated 01/29/10

Official Disability Guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

- The employee sustained an injury on xx/xx/xx when he fell approximately twenty feet off a ladder and landed on his stomach. The employee was initially seen in the emergency room with complaints of right-sided back pain and arm pain. It is unclear from the emergency room reports what treatment was provided to the employee.
- The employee was then seen by D.C. for severe upper back and low back pain. The employee also complained of intermittent radiating pain in the lower extremities, left worse than right, and right wrist pain. The employee was referred for orthopedic evaluation, radiographs and ice compression therapy at home. Plain film radiographs performed on 11/20/08 are stated to show pars defects at L5 bilaterally with spondylolysis. Multiple fractures of the right scaphoid are suspected and marked scoliosis of the thoracic spine is present apexing at T10 and T11. Anterior wedging is present at the T5 vertebra.
- The employee began physical therapy on 11/20/08 to include ultrasound and neuromuscular reeducation. The employee was seen by Dr. on 11/21/08 for consultation. The employee reports significant physical limitations. Physical exam reports restricted range of motion in the lumbar spine. The employee appears neurologically intact with no focal neurologic deficits appreciated. The employee was prescribed Hydrocodone 7.5 mg tid prn. The employee continued physical therapy with noted improvement.
- An MRI of the thoracic spine dated 12/10/08 reports compression injuries at T5 and T6 with mild loss of anterior vertebral body height. Mild compression injury at T7 is seen with no significant loss of vertebral body height. Mild disc narrowing and bulging at T5-T6 was seen with no canal or neural foraminal stenosis. Increased kyphosis of the upper thoracic spine was noted secondary to the vertebral body injuries at T5-T6. An MRI lumbar spine dated 12/10/08 reported posterior annular tear at L5-S1 with subligamentous disc herniation present. Unilateral left spondylolysis was seen at L5 without spondylolisthesis.
- The employee was evaluated by Dr. on 01/07/09. The employee had complaints of pain in the right wrist. The employee has used a short arm thumb spica splint. The physical examination was limited. The employee was recommended for physical therapy for the wrist. The employee was kept off work as of 01/15/09.
- A utilization review on 01/20/09 approved additional physical therapy for twelve sessions.
- Follow-up with Dr. on 01/21/09 stated that Dr. had nothing further to offer the employee regarding treatment.
- The employee was evaluated by Dr. on 01/26/09. The employee stated that he had complaints of pain in the upper to mid thoracic spine with some low back pain. The employee denied any radiating weakness in the upper or lower extremities. The employee states that chiropractic treatment has helped muscle spasms. Physical examination reported the employee had an intact but slow gait with slightly increased thoracic kyphosis. Motor strength was intact in all

extremities, and there was no evidence of myelopathy. Tenderness to palpation was present at the spinous processes from T5-T8. The employee can perform toe and heel walking. Mild discomfort on lumbar facet loading and thoracic facet loading is noted. The employee was recommended for evaluation for a possible vertebroplasty or kyphoplasty.

- The employee continued with therapy through 02/25/09.
- The employee was seen by Dr. on 02/27/09. Cyclobenzaprine 10 mg was continued and the employee was prescribed Tramadol 50 mg bid and Citalopram 20 mg. The employee was recommended to continue physical therapy as prior therapy has provided substantial improvement for the employee.
- An MRI of the right hand dated 03/11/09 reported suspected low grade partial tear of the distal flexor carpi radialis tendon. Non-specific and mild edema is present in the subcutaneous tissues at the right index finger. Moderate degenerative changes of the first metacarpophalangeal joint are present. An MRI of the right wrist dated 03/11/09 reported a healing fracture of the scaphoid waist. Extensive degeneration or fraying of the articular disc was present with possible high grade partial thickness tearing. Degenerative changes of the first metacarpophalangeal joint were present.
- Follow-up with Dr. on 03/19/09 stated that the employee's symptoms had not significantly improved and the employee continues to have complaints of thoracic pain. Physical examination reported the employee could perform heel and toe walking with noted unsteadiness. Tenderness was present over the lumbar paravertebral musculature. No focal neurologic changes were seen. Tenderness to palpation of the thoracic spine was present. The employee was recommended to use a TLSO brace for closed fracture treatment. Dr. opined that if the employee fails treatment with TLSO bracing, kyphoplasty could be considered. The employee was approved for additional physical therapy for the right wrist for twelve sessions. The employee was also approved for a TLSO brace. The employee was not approved for electrodiagnostic studies of the lower extremities. The request was then approved during appeal.
- Electrodiagnostic studies dated 04/14/09 reported subacute radiculopathy at the left L5-S1 nerve roots and chronic radiculopathy at the right S1 nerve roots.
- The employee was reevaluated for physical therapy on 04/16/09. The employee was stated to have improved with physical therapy but continued to have limitations of strength and endurance.
- The employee was placed back on Hydrocodone by Dr. on 04/24/09.
- The employee was evaluated by Dr. on 05/07/09. The employee had complaints of continued pain in the right wrist. Physical examination reported positive Tinel's and Phalen's to the right with positive Finklestein's test. The employee was recommended for steroid injections; however, the employee wished to be only treated with Medrol Dosepaks. The employee was referred to Dr. for orthopedic wrist evaluation.
- The employee underwent an ERGOS evaluation on 05/13/09 which demonstrated the employee performed at a light physical demand level.
- Follow-up with Dr. on 05/21/09 stated the employee's pain was decreased overall with continued thoracic pain. The employee stated that he had to wear a brace to feel better. The employee complains of pain on forward flexion. Physical examination reported no focal neurologic deficits noted with good range of

- The employee's repeat thoracic spine MRI was not approved by utilization review on 06/01/09.
- Follow-up with Dr. on 06/08/09 stated the employee had some improvement after the Medrol Dosepak but continued to experience pain. The employee was recommended for a steroid injection. Further electrodiagnostic studies were not recommended by utilization review.
- Follow-up with Dr. on 06/30/09 states the employee continues to have significant amounts of pain in the thoracic spine. The employee was again recommended for repeat thoracic MRI.
- A consultation with Dr. on 08/05/09 stated the employee's pain had improved with the use of a brace. Physical examination reported no focal neurologic deficits noted. Midline tenderness to palpation in the mid thoracic back and low back was present. The employee was recommended to continue with physical therapy and weaning of his brace. Radiographs taken at this visit reported the employee had a normal lumbar lordosis with a possible pars defect at L5. Normal thoracic kyphosis was present and a 30% loss of disc height at the L5 level was noted. The employee was recommended to discontinue his use of orthosis and was not recommended for any type of surgical intervention. The employee was stated to have completed a work hardening program but was unable to meet his required physical demand level of medium. The employee was requested for continued work hardening.
- The employee underwent TFCC debridement of the right wrist on 09/02/09. The employee was recommended for continued physical therapy for twelve sessions.
- ERGOS evaluation dated 10/23/09 stated that the employee continued to have a light physical demand level based on testing. The employee required a medium physical demand level for his job.
- The employee underwent a psychosocial assessment on 11/04/09. The assessment stated that the employee had difficulty sleeping and the employee's demonstrated affect during examination was flat. The employee's sitting and standing tolerance had been severely affected and the employee could no longer perform normal activities as he was before the injury. The employee had complaints of irritation and anger. BDI score was 27 and BAI score was 25. The employee expressed a strong desire to have his injury addressed and then return to work. The employee was recommended for a chronic pain management program.
- Additional work hardening sessions were not recommended as medically necessary on 11/16/09.
- A repeat psychosocial assessment was performed on 12/15/09. BDI score was 24, BAI score was 25. No significant change on evaluation was noted and no areas of secondary gain were appreciated. The employee was again recommended for a chronic pain management program.
- The employee was not approved for a chronic pain management program on 12/28/09. The denial opinion stated that the employee's psychosocial assessment identified the employee had multiple issues with his job with increased financial difficulties, psychological factors such as depression and

anxiety all which are consistent with variables found to be negative predictors of efficacy of the treatment. The report stated that the employee had been returned to work as of 12/21/09 as a driver, and the most recent Functional Capacity Evaluation (FCE) stated that the employee appears to be able to perform more than what is being presented.

- A psychosocial assessment update dated 01/08/10 stated that the employee had participated in group therapy in which he did not have disparaging remarks regarding his place of employment. The employee again expressed a desire to return to work. The employee's depression and anxiety symptoms were stated to be in the moderate range and the employee again stated that he would be willing to forego financial compensation to participate in treatment. The employee had quit smoking and was compliant with attendance during work hardening.

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

The employee sustained a significant injury on xx/xx/xx when fell from approximately twenty feet. The employee sustained vertebral compression fractures in the thoracic spine and scaphoid waist fractures. The employee received treatment to include multiple sessions of physical therapy, work hardening, bracing for the vertebral compression fractures and debridement of the right wrist TFCC.

The employee has undergone two separate FCEs which both demonstrate the employee is unable to perform at his previous physical demand level of medium. The employee was recommended for chronic pain management which was denied by utilization review on 12/20/09. The denial stated that the employee met several factors in the ***Official Disability Guidelines*** that signal possible poor employee outcome. Review of the clinical documentation does not demonstrate the employee has significant depression or anxiety per the psychosocial assessment submitted for review. The employee has stated multiple times that he is willing to forego compensation in order to receive treatment. There does not appear to be any overt secondary gain for this employee. The employee has attended prior work hardening that failed to restore the employee to a full-time working capacity and the clinical documentation does not indicate that the employee is now currently working. The employee was assessed by orthopedic evaluations to not be a surgical candidate and it does not appear that any further treatment for the employee's wrist or thoracic spine is pending. The employee has been maintained on narcotic medications; however, there does not appear to be any significant abuse of the medication. Overall, the employee meets ***Official Disability Guidelines*** regarding a chronic pain management program.

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

1. ***Official Disability Guidelines***, On-line Version, Pain Chapter.