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Notice of Independent Review Decision

DATE OF REVIEW: 2/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of chronic pain management 0 5 x Wk x 2Wks for lumbar spine.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been in active practice for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of chronic pain management 0 5 x Wk x 2Wks for lumbar spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Law Office, Healthcare, Inc., and Pain & Recovery

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Law Office of: S. Law letter – 1/28/10; Denial letters – 12/11/09 & 12/30/09; Consultation Notes – 10/28/08-10/30/09;., MD notes – 11/25/08-2/2/09, Release to Work – 11/25/08 & 2/2/09, Medication request – 4/21/09; MRI script & report – 12/22/08;., MD notes – 4/21/09 & 5/5/09, Operative records & report – 5/8/09 & 5/29/09, Consult Notes – 5/11/09 & 6/16/09;., MD Office Notes – 5/6/09-10/5/09; Pain & Recovery Clinic Notes – 5/20/09-6/17/09; DWC69 – 6/16/09 & 8/13/09, MD Peer Review report – 6/11/09, Addendum – 6/13/09; various TWCC73s; D. Dent, DO DDE Report – 6/16/09, FCE Report – 6/19/09; Medquip Script and Notes – 6/17/09; / Diagnostic Services Script – 7/9/09 & 9/24/09; Therapy & Diagnostics report – 7/9/09 & 9/24/09; Orthopedics Notes – 7/9/09-9/24/09;., MD Post DDE Report – 8/13/09; BHI2 Enhanced Interpretive Report – 8/20/09.

Records reviewed from Healthcare WC, Inc.: Pain & Recovery Pre-authorization request – 12/7/09 & 12/18/09; MD letter – 12/4/09 & 12/18/09; M.Ed., LPC Mental Health Evaluation Report – 12/1/09, Discharge Summary – 12/1/09; Functional Testing Evaluation Report – 12/1/09.

Records reviewed from Pain & Recovery Clinic, MD letter – 2/1/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, the patient, a male, was injured while working on xx/xx/xx. He lifted a 4 ft x 10 ft piece of wood and noted the immediate onset of low back pain and a “pop” sensation in the lower back. He was initially treated by, M.D. The initial diagnosis was lumbar strain and the patient was treated with physical therapy.

The patient apparently did not respond well to physical therapy and medications which included Ibuprofen and he was evaluated by, M.D. on November 25, 2008. Dr. diagnosed a lumbar strain and treated him with Robaxin and Naprelan. He was released to return to light work with restrictions of 15 pounds.

Dr. continued to follow the patient for his lower back without radicular pain. Because of persisting symptoms, Dr. ordered an MRI scan of the lumbar spine and this was performed on December 16, 2008. This study showed a 4 millimeter extra-dural defect paracentral and to the left at the L5-S1 level with compression of the left S1 nerve root, L4-5 disk protrusion, and L3-4 disk protrusion with hypertrophic changes in the facet joints. Dr. referred the patient for epidural steroid injections on February 2, 2009.

The patient requested a change of treating physician from Dr. to, M.D.

The patient was evaluated by, M.D. on April 21, 2009. Dr. recommended lumbar epidural steroid injections and the patient underwent lumbar epidural steroid injections bilaterally at L4-5 and L5-S1 on May 8, 2009 and May 29, 2009.

On June 11, 2009, M.D. performed a Peer Review. He concluded that the extent of injury the patient had experienced was a lumbosacral strain and that the strain had resolved by June 11, 2009. Dr. further recommended that the patient not receive further physical therapy as he had had therapy in the past and had not noted resolution of his symptoms.

On June 16, 2009, D.O. performed a Designated Doctor Evaluation and noted that the physical examination did not correlate with the MRI findings. He did feel that the patient was not at maximum medical improvement at that time and recommended EMG and nerve conduction studies.

A Functional Capacity Evaluation was performed on June 19, 2009 and this demonstrated that the patient did not have the ability to meet all requirements of his job and that he qualified only for light duty work.

On July 9, 2009, M.D. evaluated the patient. Dr. suggested that the patient undergo electrodiagnostic studies as well as psychosocial screening. He also stated that there may be a necessity for a CT myelogram or discogram.

On August 13, 2009, M.D. performed an RME and concluded that the patient had sustained a lumbosacral strain at the time of his injury. Dr. opinion was that the patient was at maximum medical improvement on June 16, 2009 with 5% whole person impairment.

On September 24, 2009, Dr. re-evaluated the patient. He noted that EMG studies done on September 17, 2009 had shown "bilateral chronic L5 radiculopathy" and that flexion/extension views of the lumbosacral spine had shown no evidence of instability. He stated that the patient had mechanical back pain of discogenic origin and stated that he met requirements for fusion except for lack of a discogram. He recommended discography. Due to a lack of documentation, it is unclear if the discography was preformed.

On December 1, 2009, M.Ed., L.P.C. evaluated the patient and stated that he had a pain disorder associated with both psychological factors and general medical condition and a major depressive disorder. She noted that conservative care had not been sufficiently intensive to help the patient increase his physical functioning capacity. Another work capacity evaluation was performed on December 1 indicating that the patient was continuing to perform at a light PDL level.

On December 4, a pre-authorization request for a chronic pain management program was made. There have been two reviews of this case and both have denied the medical necessity for a chronic pain management program.

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

According to the ODG Guidelines, it appears that the patient meets the established criteria for an outpatient chronic pain management program. There is extensive documentation in the extensive records presented that the individual has a chronic pain syndrome with evidence of loss of function that has persisted well beyond three months. He currently has excessive dependence on health care providers, withdrawal from normal social activities, failure to restore pre-injury function, and development of psychosocial sequelae that limit function and recovery. There is evidence of continued use of prescription medications without evidence of improvement in pain or function.

Previous methods for treating the chronic pain including physical therapy, medications, and ESI's have been unsuccessful and the record indicates that there are no other conservative options available which might result in significant clinical improvement. The patient, according to the record, wishes to exhaust all conservative treatment prior to even considering surgery and apparently has declined consideration of surgery at this time.

There is evidence that a thorough multidisciplinary evaluation has been made and this has included social and vocational issues as well as physical and psychological issues. The primary reason for the treatment program would not be to address substance abuse issues. A specific treatment plan has been identified and outlined in the request

for treatment. According to the request for this treatment and to Denise Turboff, M.Ed, L.P.C., The patient has expressed motivation to change and is interested in reducing his need for medications.

Negative predictors of success have been identified. According to this record, the patient is not receiving workman's compensation benefits and no change in compensation would be expected from participation in this program. The patient is aware that a chronic pain management program is the final phase of treatment and that following this treatment, he will be re-evaluated and returned to the work force. The documents presented for review adequately outline the need for this treatment and adequately fulfill the requirements of the ODG Treatment Guidelines.

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