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## Notice of Independent Review Decision

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**DATE OF REVIEW:** 01/04/10

**IRO CASE #:**

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

Ten sessions of a chronic pain management program

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

Board Certified in Orthopedic Surgery

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Ten sessions of a chronic pain management program - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Evaluations with, M.D. dated 04/01/08, 04/03/08, 04/04/08, 04/07/08, 04/09/08, 04/11/08, 04/16/08, 04/18/08, 04/29/08, 05/06/08, 05/27/08, 06/03/08, and 06/10/08

DWC-73 forms from Dr. dated 04/01/08, 04/09/08, 04/18/08, 04/29/08, 05/06/08, 05/27/08, 06/03/08, and 06/10/08

An evaluation with an unknown therapist (no name or signature was available) dated 04/03/08

X-rays of the lumbar spine interpreted by, M.D. dated 04/18/08

MRIs of the lumbar spine interpreted by, M.D. dated 04/21/08 and 11/23/09

An EMG/NCV study interpreted by, D.C. dated 04/24/08

Evaluations with, M.D. dated 05/02/08, 06/04/08, 02/10/09, 02/19/09, 04/08/09, 06/10/09, 07/21/09, 09/04/09, and 10/23/09

A procedure note from, D.O. dated 05/15/08

An Employee's Notice of Injury or Occupational Disease and Claim for Compensation form dated xx/xx/xx

An Employee's Request to Change Treating Doctor form dated 08/18/08

DWC-73 forms from Dr. dated 08/18/08, 11/25/08, and 02/19/09

Physical Performance Evaluations (PPEs) with an unknown provider (no name or signature was available) dated 10/24/08 and 06/11/09

Evaluations with, M.D. dated 11/19/08 and 12/16/08

Medication prescriptions from Dr. dated 11/19/08

A presurgical behavioral medicine evaluation with Ph.D. dated 12/30/08

Evaluations with, D.C. on 12/31/08, 01/01/09, 02/11/09, 05/05/09, 05/18/09, 05/20/09, 05/22/09, 05/26/09, 06/05/09, and 07/14/09

An authorization request from Dr. dated 01/08/09

A letter of non-authorization, according to the Official Disability Guidelines (ODG), from M.D. dated 01/09/09

Letters of non-authorization, according to the ODG, from dated 01/12/09, 10/16/09, 10/26/09, and 11/19/09

Video surveillance of the patient dated 01/16/09

A Notification of First Temporary Income Benefit Payment form dated 01/20/09

A DWC-73 form from Dr. dated 01/21/09

A Notification of Change in Amount of Indemnity Benefit Payment form dated 01/23/09

A request for reconsideration letter from Dr. dated 01/28/09

Requests for reconsideration-claim resubmissions on 01/28/09 and 02/05/09

Certificates of medical necessity for durable medical equipment (DME) from Dr. dated 02/04/09 and 02/25/09

A preoperative history and physical with, M.D. dated 02/09/09

Laboratory studies dated 02/09/09

An operative report from Dr. dated 02/11/09

A physical therapy evaluation with an unknown provider (signature was illegible) dated 02/11/09

Evaluations with M.D. dated 02/27/09, 03/27/09, 04/24/09, 07/10/09, 09/04/09, and 10/30/09

A request for individual counseling from Dr. dated 03/05/09

Behavioral medicine evaluations with, M.A. and, Ph.D. dated 03/09/09 and 04/24/09

Individual psychotherapy with Mr. and Dr. dated 03/19/09, 03/26/09, 04/03/09, 04/10/09, 04/17/09, and 04/24/09  
DWC-73 forms from Dr. dated 03/27/09, 04/24/09, 05/22/09, 07/10/09, 09/04/09, 09/27/09, and 10/30/09  
Physical therapy referrals from Dr. dated 04/08/09 and 09/04/09  
Requests for physical therapy from Dr. dated 04/20/09 and 06/23/09  
A preauthorization request from D.C. at xxxxxx dated 04/22/09  
A letter of medical necessity from Dr. dated 07/15/09  
Functional Capacity Evaluations (FCEs) with Dr. (no credentials were listed) dated 07/21/09 and 08/25/09  
Impairment rating evaluations with, D.C. dated 07/22/09 and 11/06/09  
Work conditioning requests from Dr. dated 08/04/09 and 09/09/09  
Work conditioning progress reports from Dr. dated 08/14/09, 08/21/09, and 08/28/09  
Another PPE with D.C. dated 08/25/09  
A letter of non-authorization, according to the ODG, from, D.C. dated 09/15/09  
A work conditioning request second request from Dr. dated 09/17/09  
A letter of non-authorization, according to the ODG, from MRloA dated 09/21/09  
Evaluations with Dr. dated 10/06/09, 11/03/09, and 12/10/09  
An approval request from, D.O. dated 10/13/09  
A letter from , D.O. at Inc. on 10/15/09  
A request for a chronic pain management program from, M.S., L.P.C. dated 10/16/09  
Chronic pain management program preauthorization requests from Dr. dated 10/16/09 and 11/16/09  
A peer review report from, Ph.D. dated 10/21/09  
Environmental Intervention with Mr. and Dr. dated 10/23/09  
A lumbar MRI request from Dr. dated 11/03/09  
A Notification of Maximum Improvement/First Impairment Income Benefit Payment form dated 11/13/09  
A reconsideration request from Mr. dated 11/16/09  
A peer review report from Ph.D. at xxxxxx dated 11/17/09  
An EMG/NCV study interpreted by an unknown provider (no name or signature was available) dated 11/17/09  
An evaluation with M.D. dated 11/17/09  
An epidural steroid injection (ESI) request from Dr. dated 12/17/09  
The ODG Guidelines were not provided by the carrier or the URA

## **PATIENT CLINICAL HISTORY**

On 04/01/08, Dr. o recommended Celebrex, Amrix, a hot/cold pack, and light work duty. X-rays of the lumbar spine interpreted by Dr. on 04/18/08 showed a limbus vertebral body at L4. An MRI of the lumbar spine and SI joints interpreted by Dr. showed a broad 1 to 2 mm. disc bulge at L3-L4 and 3 mm. disc protrusions at L4-L5 and L5-S1. An EMG/NCV study interpreted by Dr. on 04/24/08 showed severe right L5 and mild to moderate right L4 radiculopathy. A lumbar ESI was performed by Dr. on 05/15/08. A PPE with Dr. on 10/24/08 indicated the patient functioned at the sedentary to sedentary/light physical

demand level. On 02/11/09, Dr. performed a lumbar microdiscectomy, laminectomy, foraminotomy, and partial facetectomy at L4-L5 on the right. Individual psychotherapy was performed with Mr. and Dr. on 03/19/09, 03/26/09, 04/03/09, 04/10/09, 04/17/09, and 04/24/09. A PPE on 06/11/09 indicated the patient functioned at a sedentary/light to light physical demand level. On 07/22/09, Dr. felt the patient was not at Maximum Medical Improvement (MMI). On 08/04/09, Dr. requested two weeks of a work conditioning program. Work conditioning progress notes were provided by Dr. on 08/14/09, 08/21/09, and 08/28/09. On 09/09/09, Dr. recommended one more week of a work conditioning program. On 10/06/09, Dr. recommended a lumbar ESI. A PPE with Dr. on 10/06/09 indicated the patient functioned at a light physical demand level. On 10/13/09, Dr. recommended a series of lumbar ESIs. On 10/15/09, Dr. I wrote a letter of non-authorization for the lumbar ESI. On 10/16/09, Ms. requested 10 sessions of a chronic pain management program. On 10/26/09 and 11/19/09, wrote letters of non-certification for 10 sessions of the pain management program. On 11/03/09, Dr. recommended an MRI and EMG/NCV study and also recommended

Hydrocodone and Lyrica. On 11/06/09, Dr. placed the patient at MMI with a 5% whole person impairment rating. On 11/16/09, Mr. wrote a reconsideration request for the pain management program. An EMG/NCV study interpreted by Dr. on 11/17/09 showed left L5 radiculopathy. An MRI of the lumbar spine interpreted by Dr. on 11/23/09 showed a broad 1 mm. disc bulge at L3-L4, a broad 3 mm. disc protrusion at L4-L5, and a broad 2 mm. disc protrusion at L5-S1. On 12/10/09, Dr. recommended an ESI.

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

The patient has completed all reasonable tertiary care, including a work conditioning program. The patient has not had appropriate psychological monitoring. There is no evidence of a psychological condition that would require the pain program as opposed to the services that were already rendered by the same providers in the work conditioning program. At this time, there is no objective evidence that the patient could not return to work. The Functional Capacity Evaluation (FCE) he had at the conclusion of the work conditioning program did not include such objective findings as pulse, blood pressure, etc., that indicated the patient had given maximum effort. At this time, the patient could return to work and does not require the services of a tertiary program.

For the following reasons, the pain program is neither reasonable nor necessary:

1. The patient has completed a similar program
2. There is no objective evidence that the patient requires the program.
3. The patient has not completed the appropriate preadmission monitoring that indicates a significant psychological condition is present that would require those specialized services.

Therefore, the requested 10 sessions of a chronic pain management program would not be reasonable or necessary and the previous adverse determinations should be upheld.

**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 AND KNOWLEDGE BASE
- 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)