

SENT VIA EMAIL OR FAX ON  
Jan/11/2010

## Pure Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/11/2010

**IRO CASE #:**

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

Chronic Pain Management Program 5 X 2

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Letters 11/9/09 and 12/7/09  
Injury 1 6/6/09 thru 12/4/09  
FCE 9/2/09  
Dr. 4/22/09 thru 5/5/09  
DNI 3/12/09  
AMI 10/31/09  
DDE 10/21/09  
428 pages of Records from the URA 10/2008 thru 1/2010

**PATIENT CLINICAL HISTORY SUMMARY**

This is a who injured her back on xx/xx/xx while lifting a microwave. She reportedly had back pain and pain, down the right lower extremity. Dr. noted a possible right S1 radiculopathy based upon the H reflex study. The electrodiagnostic studies were not provided. She had CT myelogram and MRI studies that showed facet arthropathy at L5/S1 with a right paracentral disc protrusion and annular tear. There were facet arthrosis at L3/4 and a right paracentral disc protrusion at T11/12. There was no discussion of nerve root compromise. The examinations by Dr. and Dr. showed no neurological loss, but local pain. Both felt that there was facet pain. The facet injections were denied in one set of notes, but may have been given per Dr. She had ESIs.

Her FCE from 9/2/09 was felt to be valid, but there were a large number of failed validity criteria. It showed her to be at a sedentary level of function, but her job required her to be at a medium heavy level. The FCE utilized the ROM (inclinometry) technique for the impairment. The 4th edition prefers the DRE except in certain circumstances. The 6th edition, which is not utilized by Texas Workers' Compensation, found the range of motion technique not to be valid.

She failed to improve with ESIs, ice packs and Estim and "physical therapy."

Most of the psychological testing showed severe perception of pain and disability. This included Fear Avoidance Testing and the Oswestry testing. The reviewer gathers she had some psychological counseling as she had improved irritability, frustration tension, anxiety, forgetfulness and sleep disturbance scores. There was no change in depression and in pain.

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

One of the difficulties is when to determine if an adequate treatment program has been completed. There were no physical findings of a radiculopathy. The EMG findings were considered possible based upon the H reflex criteria. The asymmetrical H reflex is not mentioned in the AMA Guides as a criteria of a radiculopathy, although it is generally accepted in the electromyography community as one for the S1 root. The ODG relates to the AMA Guides 5th edition. The Fourth is used by DWCC. The examinations provided both discuss the facet as the pain generator, but it was not treated. Compounding this is that the facet deterioration probably predated the injury and would be considered a sign of aging.

At the same time, there are reports of the psychological issues limiting her recovery. The Texas Medical Board does advise treatments to reduce the use of opiates. The report is that she is on Lortab, prn. I do not know how much. A goal of the pain program is the "titration of Lortab." The reviewer is not sure what was meant. It obviously is not to stop the medication, if so it would be written. The use of a medication prn would be, the reviewer presume, "titration."

The reviewer was asked about the pain program. One criteria is the end of all other treatment options. It does mean the workup has not be completed. The reviewer finds at this time ongoing psychological needs for the pain program, but without completion of the medical treatments, the URA agrees with the URA.

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

ACOEM-AMERICA 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)