



## Notice of Independent Review Decision

### IRO REVIEWER REPORT – WC (Non-Network)

**DATE OF REVIEW:** 07/01/10

**IRO CASE #:**

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

Chronic Pain Management Program x 2 Weeks: 80 Hours

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

Board Certified in Physical Medicine & Rehabilitation

#### **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.

Chronic Pain Management Program x 2 Weeks: 80 Hours – UPHELD

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- 
- 

#### **PATIENT CLINICAL HISTORY (SUMMARY):**

The records available for review document that on the date of injury, a box that weighed approximately fifteen pounds fell and struck the patient's head and left shoulder. A cervical MRI scan revealed evidence for a 2-mm disc protrusion at the C3-C4 disc level. The report did not describe the presence of a compressive lesion upon any of the neural elements in the cervical spine. A left shoulder MRI scan revealed findings consistent with mild subacromial and subdeltoid bursitis. The study did not reveal any findings definitively worrisome for rotator cuff tear. Nerve conduction velocity testing of the bilateral upper extremities was performed which was described to be "within normal limits." It would appear the patient then underwent a total of 21 sessions of a work hardening program. A cervical CT scan/myelogram was obtained which revealed findings consistent with blunting of the nerve root sleeve on the left at the C6 level. There were no findings worrisome for a fracture. It was documented that previous

treatment had included access to treatment in the form of physical therapy, and it was noted that physical therapy had not decreased the claimant's pain symptoms. A cervical MRI revealed findings consistent with a disc protrusion at the C6-C7 level. There were no findings worrisome for a compressive lesion upon any of the neural elements in the cervical spine. A CT scan/myelogram of the cervical spine revealed findings consistent with degenerative posterior osteophytes at the C3-C4 level with evidence of a disc bulge at the C5-C6 level. There were no findings worrisome for a fracture. The patient underwent a DDE which placed him at a level of Maximum Medical Improvement (MMI). It was indicated that the patient appeared to be capable of sedentary work activities, as well. It was further noted the patient had previously received treatment in the form of two cervical ESIs, which "helped temporarily." It was noted the patient did not wish to pursue an attempt at any additional therapeutic injections. It was recommended that the patient be maintained on the following prescription medications: hydrocodone, Lyrica, Lunesta, and amitriptyline. An FCE revealed that the claimant was capable of lifting up to twenty pounds from floor to knee and knee to waist. It was felt the patient was capable of light duty work activities. A mental health evaluation indicated the patient had adequate insight with respect to the ability to recover from the documented work injury of xxxxx. Dr. recommended that the patient receive access to treatment in the form of a comprehensive pain management program.

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

The date of injury is listed as xx/xx/xx. Based upon the records available for review, there would not appear to be a medical necessity for medical treatment in the form of a comprehensive pain management program per criteria set forth by Official Disability Guidelines.

The date of injury is approaching four years in age. Per criteria set forth by the above-noted reference, the prognosis for a successful outcome from a comprehensive pain management program would be considered poor, given the length of time that the patient is removed from the date of injury.

The records available for review diagnose that the patient received access to treatment in the form of at least 21 sessions of a work hardening program. It would appear that despite an attempt at treatment in the form of a work hardening program in the past, the patient has demonstrated the ability to perform only light duty work activities. There has not been a significant positive response to a previous attempt at supervised rehabilitation services, and as such, the prognosis for a successful outcome for treatment in the form of a comprehensive pain management program would be considered poor in this case, given the lack of a positive response to previous attempts at treatment, and given the fact that the date of injury is approaching four years in age.

The records available for review indicate the patient is presently on Social Security disability. A comprehensive pain management program is often times considered in an effort to address return to work issues. Medical necessity for a comprehensive pain management program would not appear to be established when there is documentation to indicate that the patient is presently on Social Security disability.

Based on the records available for review, there are several poor predictors with respect to potential benefit from a comprehensive pain management program. Based upon the records available for review, Official Disability Guidelines would not support a medical

necessity for treatment in the form of a comprehensive pain management program in this specific case, given the fact that there are poor predictors of outcome documented to be present as defined per criteria set forth by the above-noted reference.

**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)**