



Specialty Independent Review Organization

Notice of Independent Review Decision

AMENDED REPORT 6/15/2010

DATE OF REVIEW: 06/14/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 10 visits of a Chronic Pain Management Program 5 x Wk x 2 Wks (97799).

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 agrees with the previous adverse determination regarding the prospective medical necessity of 10 visits of a Chronic Pain Management Program 5 x Wk x 2 Wks (97799).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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

PATIENT CLINICAL HISTORY (SUMMARY):

This individual reported a work related injury on xx/xx/xx. According to available records, he was eight feet in the air when slipped forward. He fell forward then backward injuring his cervical, thoracic, and lumbar spine, left shoulder, and left lower extremity. Apparently, though not confirmed in the records, he initially had chiropractic treatment. He began treatment with, M.D. on March 26, 2008.

Dr. noted that the patient had had a MRI of the cervical, thoracic, and lumbar spine. The cervical spine showed mild anterior wedging at C6 which was not felt to be acute and multilevel degenerative disk disease. The thoracic spine showed mild anterior wedging of T6 and T7 which did not appear acute and hemangiomas or focal fat in the T7 and T4 vertebrae. The lumbar spine showed an L4-5 osteophyte. Dr. diagnosed a left shoulder strain/impingement, left upper extremity radiculopathy, and left lower extremity radiculopathy. He recommended electromyography, physical therapy, Lyrica, and light duty.

Apparently, he began a physical therapy program. A physical therapy note dated May 1 indicated that the pain had improved moderately since he began physical therapy. Dr. on May 6, 2008, noted that an EMG of the left lower extremity had been negative for neuropathic findings.

On July 9, 2008, Dr. reported that the number one issue was the patient's neck pain. He recommended that he continue with light duty. On August 29, 2008, a Designated Doctor Evaluation was performed and the reviewer felt that he was not at maximum medical improvement. , M.D., an evaluating physician, also reported that he was not at maximum medical improvement when he evaluated him on December 15, 2008.

On January 15, 2009, Dr. indicated that a MRI of the left shoulder had shown a full thickness tear. On February 12, 2009, Dr. took the patient to surgery for an acromioplasty, bursectomy, distal clavicle excision, and rotator cuff repair. Apparently, there was some delay in the patient beginning a physical restoration program. On May 20, 2009, Dr. said that he was doing a home exercise program, but needed to "get going on rehab." On July 7, 2009, Dr. indicated that he was making progress in therapy, but still had limited range of motion.

A Designated Doctor Evaluation report from Dr. on November 24, 2009 indicated that he was at maximum medical improvement with 16% whole person improvement. On February 24, 2010, Dr. reported that the patient was working light duty, but continuing to take Tramadol for discomfort. Apparently, a referral for chronic pain management was made some time in the spring of 2010. He underwent the usual extensive evaluation for a chronic pain management program including a behavioral health and chronic pain management evaluation

and a functional capacity evaluation. The behavioral and mental health evaluation indicated that the patient was experiencing emotional distress and frustration, reported social isolation and suicidal ideation, had difficulty with sleep, and was living in a less than normal active lifestyle. He was motivated to try the new treatment and to return to his work. He reported good job satisfaction and that he enjoyed his job. He stated that he understood that participation in chronic pain management offered him the best possibility of managing his pain and returning to optimal function. His functional abilities evaluation demonstrated that he was complaining of 6 to 7 on a scale of 10 shoulder pain, limited range of motion of the left shoulder, and was not able to function at his usual job demand level.

On May 20, 2010, Dr. re-evaluated the patient and stated that he was complaining of neck and shoulder pain, but the neck pain was his biggest concern. Dr. said that he had weakness and paresthesias in the left upper extremity felt to be consistent with his complaints. Dr. noted that he had had a MRI of the cervical spine, but felt he needed another MRI of the cervical spine to confirm whether he had had a progression of nerve and spinal cord compression centrally and more toward the left side.

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

According to this medical record, this worker was injured in a work related accident on xx/xx/xx. Identified injuries initially included injuries to the neck, upper back, lumbar spine, thoracic spine, left shoulder, and left leg. He began an extensive evaluation and treatment program. His treatment included physical therapy and medications. Ultimately, a MRI of the left shoulder was performed demonstrating a rotator cuff tear and impingement. He underwent surgery on the left shoulder on February 12, 2009 and then underwent postoperative therapy.

He continued to have pain, apparently in the neck and left shoulder area. The lower back and leg symptoms, according to this record, remained minimal during the latter part of his treatment program. He apparently was not able to return to his prior work due to functional limitations and his chronic pain and a chronic pain management program was requested in the spring of this year.

He had an extensive evaluation including a functional capacity evaluation and mental health evaluation. The evaluators appeared to carefully address the issues that the ODG Guidelines require for entry into a chronic pain management program indicating that the patient had chronic pain and loss of function lasting more than three months, remained dependent on health care providers to manage his problems, reported social isolation and failure to restore pre-injury function, developed psychosocial sequelae of his injury including depression, anxiety, and a sleep disorder, and continued to require use of pain medications.

It was noted that previous treatment methods had not been successful in alleviating his disabling conditions. The record indicates that the patient is happy with his employer and job and understands that a chronic pain management program would be the best way for him to reach his goals of managing his pain and returning to work. Unfortunately, however, Dr.'s most recent note indicates that he is complaining of different and progressive symptoms with the neck symptoms being most prominent. Dr. suggests that there is a possibility that there may be different cervical spine pathology or progression of nerve and spinal cord compression that may be accounting for his continued cervical complaints. Dr. has recommended a new MRI indicating that the patient has not been fully evaluated for his current complaints.

Because a new MRI has been requested to see if there has been a progression of compressive findings, the patient is not at this point ready to enter a chronic pain management program. The record indicates that he does not meet the ODG guideline requirement that he has had adequate evaluation to rule out treatable pathology.

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)