

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Amended Notice of Independent Review Decision

DATE OF REVIEW: February 16, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management x ten sessions.

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

GENERAL AND FORENSIC PSYCHIATRIST

BOARD CERTIFIED BY THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- RSL Group, 02/01/10
- Employers First Report of Injury or Illness
- Associate Statement, 05/30/08
- Medical Centers, 05/30/08, 06/02/08, 06/04/08, 06/06/08, 06/10/08, 06/13/08, 06/18/08, 06/20/08
- Texas Workers' Compensation Work Status Report, 05/30/08, 06/02/08, 06/10/08, 06/13/08, 06/18/08, 06/20/08, 06/24/08, 06/26/08, 08/08/08, 09/18/08, 10/27/08, 11/05/08, 12/15/08, 03/16/09, 11/05/09, 12/03/09, 12/04/09, 12/18/09
- D.C., 06/23/08, 06/25/08, 06/27/08, 06/30/08, 07/02/08, 07/03/08, 07/08/08, 07/09/08, 07/16/08, 07/17/08, 07/18/08, 07/21/08, 07/23/08, 12/15/08, 01/08/09, 01/09/09, 01/12/09, 01/14/09, 01/16/09, 01/20/09, 01/21/09, 01/23/09, 01/26/09, 01/28/09, 01/30/09, 02/02/09, 02/04/09, 03/16/09, 05/21/09, 06/29/09, 09/09/09, 10/12/09
- M.D., 06/24/08
- Direct, 06/25/08
- MRI and Diagnostics, Inc., 07/09/08
- D.C., 07/25/08, 07/28/08, 07/30/08, 08/01/08, 08/04/08, 08/06/08, 08/21/08, 09/03/08, 09/22/08, 10/08/08, 10/20/08, 11/05/08 12/01/08, 01/16/09
- Surgical Associates, P.a., 08/06/08
- M.D., 08/11/08

- Direct, 09/26/08, 11/21/08, 12/05/08
- DWC-69, Report of Medical Evaluation, 11/05/08
- Medical Group, P.A., 11/11/08
- Diagnostic, 12/12/08
- Chiropractic Center, 01/12/09
- , 10/05/09, 11/13/09, 12/30/09, 01/20/10
- Spine and Rehabilitation Center, 10/29/09, 11/05/09, 12/03/09, 01/07/10
- M.D., 12/04/09, 12/18/09
- Claims Management, Inc., 12/07/09, 02/01/10
- M.Ed., L.P.C., 12/17/09
- Functional Testing, 12/17/09
- Pain and Recovery Clinic, 12/23/09, 01/13/10
- Mediquip, 01/08/10

Medical records from the Requestor/Provider include:

- Pain and Recovery Clinic, 12/23/09, 02/03/10, 01/13/10, 02/01/10
- M.Ed., L.P.C., 12/17/09
- Functional Testing, 12/17/09

PATIENT CLINICAL HISTORY:

- The outcome of review is upheld.
- The patient injured himself on xx/xx/xx. The initial description of the injury indicates that the patient was lifting his right foot to brace on an elevated object and reached forward and felt a pain in his right groin. The initial physical examination was performed on May 30, 2008. At that time, the patient was noted to have full and active range of motion. He was also noted to have trace tenderness over the right trochanter bursa. The patient was diagnosed with right hip pain. The recommendation was for physical therapy and restricted duty. Of note, the patient's review of systems is multiple somatic complaints, including night sweats, weight gain, reduced sleep, headaches, lightheadedness, sore throat, ulcers, heartburn, leg cramps with exercise and back stiffness.
- The patient undergoes physical therapy and over the first two weeks is noted to be feeling much better with a small amount of pain if he walks for a period of time, normal pain in the groin, and no new symptoms.
- The patient subsequently changes physicians. There is much more extensive pain reported. He has extensive chiropractic treatment.
- The patient sees, M.D., and no mental issues are noted.
- There is a CT of the abdomen which reveals fatty liver changes.
- The patient has a surgical consultation which places his diagnosis as a right groin strain.
- The patient has a designated doctor examination that recommends an MRI and anticipates maximum medical improvement as of March 5, 2009, and that he can return to work, but he just cannot lift heavy objects. There does not appear to be any effort to return to work.
- An MRI was performed, which only reveals a small right hip joint effusion.
- The patient sees, D.C. The description of the incident has changed substantially, where he reached out and bent over and felt something pop in his back, as well as in his leg. The patient is now being diagnosed with a lumbar radiculopathy. It is noted that there is family discord, sleep and depression problems.

- The patient is referred for a chronic pain management program. He is prescribed an antidepressant.
- The patient is referred for a psychological evaluation, which reveals severe depression and anxiety complaints. The diagnoses are pain disorder and major depressive disorder, moderate. The recommendation is for chronic pain management program, which is subsequently nonauthorized.

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

The patient does not appear to meet the ODG criteria for chronic pain management program. The negative predictors of success are not adequately addressed in the report. It is not clear to this reviewer that the primary problem is not a psychological rather than a physical issue as there is a significant discrepancy between the initial report of injury and subsequent reports, spreading of pain, complaints and very limited, if any, response to extensive conservative treatment and injections.

Furthermore, the most recent diagnosis is a lumbar radiculopathy. It does not appear if that is an accurate diagnosis that he would be at a tertiary level of care as he has not had any kind of injections in the lumbar region or workup of lumbar pathology, such as EMG studies or imaging studies in that region.

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)