



MedHealth Review, Inc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax 469-286-0735

Notice of Independent Review Decision

DATE OF REVIEW: 2/19/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include the medical necessity of 10 sessions of chronic pain management.

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

The reviewer is a Ph D in Psychology with a further certification as a Licensed Professional Counselor. This reviewer has been practicing for greater than 10 years in this field.

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 medical necessity of 10 sessions of chronic pain management.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Liberty Mutual and Injury 1.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Liberty Mutual: 11/18/09 and 12/15/09 denial letters, 11/18/09 and 12/15/09 reports by MRloA. Preauth request 11/16/09, CPM program design and components description, DO FCE report 11/3/09, FCE script undated, patient face sheet, preauth reconsideration request 12/10/09.

Injury 1: 2/4/10 letter by, notes by 9/21/09, 10/21/08 behavioral medicine consult report, 9/1/09 report by MD, 9/17/09 lumbar MRI report, 8/13/08 lumbar MRI

report, 10/16/08 neurodiagnostic report, 12/2/08 report by MD and 4/24/09 operative report.

We did not receive the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves, a female, who sustained a compensable work related injury to her lumbar spine and bilateral legs on xx/xx/xx while performing her duties. She had been employed with that company for approximately 1 year and 6 months at the time of her injury. She was bending over to clean around a toilet, when she felt an onset of pain in her lumbosacral area and legs and couldn't get back up. The patient first sought treatment from the emergency room on 06/04/2008 where she received an injection and was sent home. She saw the company doctor and received x-rays and pain medication. She also recalls receiving physical therapy. An MRI of the lumbar spine without contrast, on 08/13/08, indicated left paracentral disc protrusion at L4-5, which encroaches on and may contact the descending left L5 nerve root in the lateral recess. On 10/16/2008, a NCV/EMG of the lower extremity found left L5 radiculopathy. The patient also reports previous use of a TENS unit as well as epidural steroid injections. She underwent lumbar microdisectomy at L4-5 on 04/24/09. An MRI on 09/17/09 revealed post operative changes at L4-5, a very minimal recurrent or residual disc bulge, and minimal to disc bulges at L5-S1, L3-4, and L2-3. She has completed a brief course of individual psychotherapy and 10 days of a work hardening program; however, she was unable to increase her functional tolerances to facilitate a safe return to work due to increased pain levels.

Following ten days of a chronic pain management program, she reported a slight decrease in pain yet an increase in all other measures for irritability, tension, anxiety, depression, sleep disturbance, and forgetfulness.

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

The patient has recently received 7 days of psychotherapy after which she reported an increase in irritability, tension, anxiety, depression, sleep disturbance, and forgetfulness. These results indicate that she is not engaged in making mental and physical health gains nor is she committed to return to work activities.

Any contact with a therapist will result in some placebo effect of improved mood as noted in mental health research as well as documented improvements in other medical concerns and diseases (Benson & Friedman, 1996). She reports no improvement or worsening in most areas of psychological distress as noted on the Fear Avoidance Beliefs Questionnaire, Coping Strategies Questionnaire-Revised, Oswestry Disability Index, Beck Depression Inventory-II, VAS of Patient Symptom Rating Scale and also in the number of hours slept. This negative

effect suggests that the patient is either awfulizing her concerns or is actually not experiencing true relief from therapy. Lastly, the patient does not meet all of the criteria of the ODG therefore, the program is not medically necessary at this time.

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) Harnessing the Power of the Placebo Effect and Renaming It "Remembered Wellness" *Herbert Benson, M.D, Richard Friedman, Ph.D* Annual Review of Medicine, February 1996, Vol. 47, Pages 193-199
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association.

American Psychological Association. (1985). Standards for educational and psychological testing (rev.). Washington, DC: Author.