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Notice of Independent Review Decision

DATE OF REVIEW: 3/18/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 10 days of a chronic pain management program.

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 disagrees with the previous adverse determination regarding the medical necessity of 10 days of a chronic pain management program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Injury One the patient, and Specialty Risk Services

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Injury One: letter – 3/2/10, Patient Face Sheet – 11/23/09, Script – 6/26/09 & 8/17/09; Pre-auth request, Treatment Components, Program Design, and Day Treatment Design – 12/8/09, Reconsideration – 12/30/09, Environmental Intervention – 1/4/10, Evaluation –

11/17/09, FCE – 11/17/09, Initial Behavioral Medicine Consult – 7/9/09; MD Medical Consult – 6/30/09 & 12/4/09, Follow-up – 1/15/10, Narrative – 2/28/09; Hospital Operative Report – 11/9/07; Orthopaedic Assoc notes – 7/6/07-11/17/09; MD MRI report – 7/8/08; DWC69 – 6/4/08, 9/9/09, & 11/24/09; DC Impairment Rating – 9/8/09 & 11/24/09; DWC032 – 4/24/08; various DWC73s; MD DDE report – 6/4/08.

Records reviewed from the patient: Email – 3/5/10; letter – 2/23/10; MD Narrative – 8/28/09; DDE Report – 1/19/10, Letter – 1/19/10(x2); FCE report – 1/19/10; DWC69 – 1/19/10; PPE report – 1/19/10; PPE and Neurodiagnostics report – 1/19/10.

Records reviewed from Services: Denial letter – 12/9/09 & 1/6/10.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

Available medical records indicate that the patient was injured on xx/xx/xx while engaged in work related activities. He apparently stepped into a grass covered hole and injured his right ankle. Medical records indicate that he was evaluated at an emergency room where x-rays were taken. The patient was diagnosed with a right ankle sprain and treated with ankle immobilization and physical therapy. M.D. followed him during the mid portion of 2007. On August 17, 2007, Dr. noted that the patient was having pain with weight bearing activities and had had adequate time for his ankle sprain to recover and heal. He felt that there may be an internal problem with the ankle and ordered a MRI.

An initial MRI showed edema around the os trigonum in the posterior ankle and also edema within the lateral ligamentous structures and at the lateral distal fibular head. Referral to a foot and ankle specialist was recommended. On October 25, 2007, M.D. evaluated the patient and diagnosed lateral ankle instability secondary to severe ankle sprain and cystic formation in the lateral malleolus, probably secondary to repeat trauma due to ankle instability. Surgery was recommended. On November 9, 2007, Dr. performed an arthroscopic procedure on the ankle with synovectomy, debridement of subchondral cyst of the lateral malleolus, and lateral ankle reconstruction. He was treated with immobilization postoperatively, but continued to experience discomfort. A repeat MRI performed in late spring or early summer of 2008 reportedly showed degenerative subcortical marrow changes around the lateral malleolus with thickening and edema as well as a partial tear of the posterior talofibular ligament.

On October 2, 2008, Dr. reported that the patient was experiencing neurological pain in the region of his lateral incision. He questioned “nerve stress neuropathy” and recommended treatment with a Lidoderm patch, Lyrica, and desensitization. On February 4, 2009, Dr. provided a steroid injection which reportedly improved the discomfort. He, however, continued to have sharp pain in the region of his lateral incision. Physical therapy, Lidoderm patches, and Lyrica were

recommended. On June 4, 2008, M.D. provided a Designated Doctor Evaluation in which he stated that he was at maximum medical improvement with 3% whole person impairment.

On June 30, 2009, M.D. provided a medical evaluation and diagnosed right ankle internal derangement. He recommended continued conservative and orthopedic care, Lidoderm patches, Lyrica, and an off-work status. On July 9, 2009, M.S. provided a Behavioral Medicine Consultation and diagnosed an adjustment disorder with mixed anxiety and a depressive mood. Mr. recommended individual psychotherapy weekly for six weeks, but stated that the complex mixture of problems presented by the patient may best be served by an interdisciplinary pain management program. Dr. continued to follow him and he continued to complain of sharp shooting pain with ambulation as well as at night. On September 8, 2009, D.C. evaluated the patient and stated that he was not at MMI and that he displayed multiple signs of anxiety and depression which would need to be addressed prior to return to work.

On November 17, 2009, Dr. reported that a neurologist had performed electrodiagnostic studies which showed that the sural nerve was intact. He noted that Lyrica, Lidoderm patches, Voltaren Gel, physical therapy, activity modification, steroid injection, and surgery had failed to relieve the patient's symptoms. He noted that the ankle was stable and had good alignment. At that time, he stated that he had nothing further to offer and recommended consideration of a second surgical opinion. On November 17, 2009, , physical therapist, provided a Functional Capacity Evaluation which stated that he was functioning at a light medium PDL level and that he was unable to walk more than seven minutes without pain in the right ankle. He stated that this pain was caused by shortening of the right gastroc/soleus tendon with limited ankle range of motion. He recommended a chronic pain management program. On December 4, 2009, Dr. recommended orthopedic follow-up, Lidoderm patches, a chronic pain management program and off work for two months.

On December 8, 2009, a preauthorization request was made for a pain management program by M.S., LPC, CRC. This preauthorization request went in detail through the ODG Guidelines for admission to a pain management program, addressing each issue. There was an adverse determination, however, with the reviewer stating that the claimant was disabled for more than 24 months. The reviewer also stated that the remaining deficits did not appear sufficient to warrant a comprehensive pain management program and that given the patient's light to medium physical activity capabilities, there was no clear reason why claimant had not resumed gainful employment in some capacity. On December 30, 2009 a reconsideration request was made, again explaining in detail how this injured worker met ODG Guidelines for a chronic pain management program. This second request, however, was denied stating, in part, that the injured worker had not been completely evaluated. On January 15, 2010, Dr. recommended that the injured worker be released to light work and that he enter a chronic pain

management program. On January 19, 2010, M.D. provided another Designated Doctor Evaluation stating that the patient was not at maximum medical improvement although he did acknowledge that he had been declared at statutory maximum medical improvement on November 24, 2009.

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

He has been seen by a number of physicians including a foot and ankle specialist. He has had extensive conservative treatment including medications, physical therapy, injections, and activity modification without improvement of symptoms. He had a surgical procedure and now presents with a stable ankle and good alignment. He has a chronic pain syndrome, the etiology of which is not entirely clear. The reviewer indicates it is not clear whether the pain he is experiencing is nociceptive, non-nociceptive, or a combination of both of these entities. In any event, he has a long-term disability and has not worked for more than two years. He has been fully evaluated by multiple physicians including a foot and ankle orthopedic specialist. There is a mention in the medical record of a complex regional pain syndrome, but there is no objective evidence of this entity in the medical record and it appears to the reviewer from review of this medical record, that this injured worker has been thoroughly evaluated, not only from the medical and surgical standpoint, but also from the psychological standpoint.

His treating orthopedist over many months repeatedly indicated that there was no reasonable surgical option for this gentleman and it appears to me that he suggested a second orthopedic opinion only when no further treatment options were available to the injured worker. The injured worker's functional status appears to be deteriorating and the Functional Capacity Evaluations in the medical record indicate that he was early on functioning at a light medium physical demand level, but most recently has been downgraded to a light physical capacity status. This probably indicates progressive deconditioning.

There is a sense of frustration in this injured worker's letter to the Independent Review Organization and there is clear documentation in the medical record that he has anxiety, depression, and psychological reactions to his chronic pain syndrome that significantly affect his ability to perform his activities of daily living and maintain social relationships. The medical record carefully outlines the requirements ODG Guidelines put forth for entry into a chronic pain management program and in the reviewer's opinion, this injured individual meets those guidelines and is an appropriate candidate for a chronic pain management program.

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)