



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:
877-738-4395

Notice of Independent Review Decision

DATE OF REVIEW: 11/17/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program five times a week for two weeks

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

Board Certified in Orthopedic Surgery

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 five times a week for two weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A lumbar myelogram CT scan interpreted by M.D. dated 09/17/99
MRIs of the lumbar spine interpreted by Dr. dated 11/03/00 and 11/14/03

Evaluations with M.D. dated 11/21/00, 12/19/00, 05/01/01, 06/05/01, 08/07/01, 09/11/01, 01/11/02, 02/22/02, 04/03/02, 06/12/02, 08/30/02, 09/25/02, 01/06/03, 02/05/03, 03/06/03, 04/04/03, 06/05/03, 07/28/03, 11/07/03, 12/04/03, and 01/05/04

Physician's Orders from Dr. dated 01/05/01, 06/18/02, 06/19/02, 06/20/02, 06/22/02, 06/23/02, 06/24/02, 06/25/02, 06/28/02, 07/01/02, 07/02/02, and 07/05/02

X-rays of the chest interpreted by M.D. dated 01/11/01

Laboratory studies dated 01/11/01, 06/11/02, 06/15/02, and 07/28/03

Operative reports from Dr. dated 01/12/01, 06/11/02, 06/12/02, and 08/04/03

A pathology report from M.D. dated 01/12/01

A discharge report from Dr. dated 01/17/01

Evaluations with unknown physicians (signatures were illegible) dated 01/17/01, 01/19/01, 01/20/01, 01/23/01, 01/25/01, 06/18/02, 06/19/02, 06/20/02, 06/21/02, 06/23/02, 06/24/02, 06/25/02, 06/26/02, 06/27/02, 06/28/02, 06/30/02, 07/01/02, 07/02/02, 07/03/02, 07/04/02, 07/05/02, and 07/08/02

Evaluations with M.D. dated 04/05/01, 07/17/01, and 03/13/02

An MRI of the lumbar spine interpreted by M.D. dated 05/23/01

An EMG/NCV study interpreted by Dr. dated 07/17/01

An evaluation with M.D. dated 08/09/01

An evaluation with M.D. dated 08/15/01

A medical records review from, M.D. dated 08/21/01

A third surgical opinion with M.D. dated 09/04/01

Procedure notes from Dr. dated 03/07/02, 03/21/02, 09/28/02, 05/07/03, and 06/29/03

X-rays of the chest interpreted by Dr. dated 06/07/02

X-rays of the lumbar spine interpreted by Dr. dated 06/14/02

A wound care assessment with an unknown nurse (signature was illegible) dated 06/18/02

An evaluation with M.D. dated 06/18/02

A discharge summary from P.A.-C. dated 06/18/02

A case management contact sheet dated 06/18/02, 06/20/02, 06/24/02, 06/25/02, 06/28/02, 07/01/02, and 07/03/02

An evaluation with M.D. dated 06/19/02

A bilateral lower extremity venous Doppler study interpreted by Dr. dated 07/02/02

A discharge summary from Dr. dated 07/08/02

A physical therapy evaluation with P.T. dated 07/15/02
A CT scan of the lumbar spine interpreted by M.D. dated 08/16/02
An evaluation with P.A-C. for Dr. dated 10/17/02
An MRI of the lumbar spine interpreted by M.D. dated 02/06/03
Chest x-rays interpreted by M.D. dated 07/28/03
An EKG interpreted by M.D. dated 07/28/03
An evaluation with M.D. dated 08/04/03
A pathology report from Dr. (no credentials were listed) dated 08/04/03
An evaluation with M.D. dated 05/13/04
An emergency room report from Dr. (no credentials were listed) dated 06/25/04
An Employee's Request to Change Treating Doctors form dated 11/23/04
Evaluations with D.O. dated 12/14/04, 01/18/05, 02/22/05, 05/03/05, 06/14/05, 08/09/05, 09/08/05, 10/04/05, 11/01/05, 11/29/05, 01/05/06, 02/07/06, 03/09/06, 04/06/06, 05/04/06, 06/29/06, 08/03/06, 08/31/06, 09/28/06, 10/31/06, 12/21/06, 01/08/07, 03/19/07, 04/19/07, 05/15/07, 06/19/07, 07/19/07, 08/21/07, 09/20/07, 11/20/07, 12/20/07, 01/17/08, 02/19/08, 03/18/08, 04/17/08, 05/15/08, 06/16/08, 07/15/08, 08/14/08, 09/16/08, 10/14/08, 11/13/08, 12/04/08, 01/06/09, 02/09/09, 03/12/09, 04/15/09, 05/12/09, 07/14/09, 08/18/09, 09/17/09, and 10/13/09
A psychological evaluation with L.M.S.W. dated 02/17/05
MMPI-II testing dated 02/21/05
An operative report from Dr. dated 03/23/05
Evaluations with an unknown provider (signature was illegible) at dated 07/12/05, 08/03/05, 08/10/05, and 08/31/05
A psychological evaluation with L.P.C. dated 07/12/05
A Physical Performance Evaluation (PPE) with an unknown provider (signature was illegible) dated 07/12/05
A letter of approval for 10 sessions of a chronic pain management program
Pain management with D.C. dated 08/01/05, 08/02/05, 08/08/05, 08/09/05, 08/16/05, and 08/23/05
Counseling and group therapy notes from an unknown provider (signature was illegible) dated 08/01/05, 08/02/05, 08/03/05, 08/05/05, 08/08/05, 08/09/05, 08/10/05, 08/15/05, 08/16/05, 08/17/05, 08/22/05, 08/23/05, 08/24/05, 08/25/05, 08/30/05, 08/31/05, 09/01/05, 09/02/05, and 09/09/05

Pain management physical therapy with P.T. dated 08/03/05, 08/05/05, 08/10/05, 08/15/05, 08/17/05, 08/22/05, and 08/24/05
Behavioral progress notes from Mr. dated 08/08/05 and 08/29/05
Group therapy with Mr. dated 08/29/05
A PPE with D.C. dated 08/31/05
A prescription from Dr. dated 09/13/06
Urine drug tests dated 08/18/09, 10/13/09, 01/15/10, 02/16/10, 03/17/10, 07/16/10, 08/03/10, 08/20/10, and 09/03/10
Evaluations with D.O. dated 12/16/09, 01/15/10, 02/16/10, 03/17/10, 04/23/10, 05/19/10, 06/18/10, 07/16/10, 08/03/10, 08/20/10, 08/31/10, 09/03/10, and 10/08/10
A medical records review from M.D. dated 04/23/10
An evaluation with Ed.D. dated 07/01/10
A PPE with D.C. dated 07/06/10
A precertification request from Dr. dated 08/31/10
A letter of adverse determination for a chronic pain management program, according to the Official Disability Guidelines (ODG), from Ph.D. dated 09/13/10
A request for appeal from Dr. dated 09/29/10
A letter of adverse determination for a chronic pain management program, according to the ODG, from D.O. dated 10/08/10
An IRO Summary dated 11/07/10
Undated ODG Guidelines for chronic pain programs

PATIENT CLINICAL HISTORY

A lumbar myelogram CT scan interpreted by Dr. on 09/17/99 showed a small disc bulge at L2-L3, a large disc herniation at L3-L4, and evidence of a prior discectomy at L4-L5. An MRI of the lumbar spine interpreted by Dr. on 11/03/00 showed postoperative changes at L4-L5 with loss of disc height and a posterior disc bulge, as well as a small disc bulge at L3-L4. On 01/12/01, Dr. performed a left L3 to L5 lumbar laminectomy and transfacet decompression. An MRI of the lumbar spine interpreted by Dr. on 05/23/01 showed a 3 to 4 mm. posterior projecting extradural defect at L4-L5 and the small disc bulge at L3-L4. An EMG/NCV study interpreted by Dr. on 07/17/01 showed moderate severe chronic lumbar radiculopathy involving the left L4 nerve root with chronic denervation changes. On 06/11/02, Dr. performed an anterior lumbar interbody fusion at L3-L4 and L4-L5. On 08/04/03, Dr. performed removal of the retained lumbar hardware.

An MRI of

the lumbar spine interpreted by Dr. on 11/14/03 showed subtle posterior disc bulges at L1-L2 and L2-L3 with postoperative changes at L3-L4 and L4-L5. On 12/14/04, Dr. provided the patient with Oxycontin, Neurontin, and Lortab and discussed spinal cord stimulation. On 03/23/05, Dr. performed placement of the spinal cord stimulator. The patient was in a chronic pain management program in August and September 2005. On 05/04/06, Dr. refilled medications and prescribed Cymbalta. On 02/09/09, Dr. continued the patient on Norco, Elavil, Neurontin, and Oxycontin and increased the Cymbalta. On 01/15/10, Dr. prescribed Oxycontin, Hydrocodone, Gabapentin, Cymbalta, and Amitriptyline. On 06/18/10, Dr. recommended a multidisciplinary chronic pain management program. On 07/01/10, Dr. also recommended the pain management program. On 08/31/10, Dr. provided a precertification request for the pain management program. On 09/03/10, Dr. continued the patient on Oxycontin, Norco, Gabapentin, Amitriptyline, and Cymbalta. On 09/13/10, Dr. wrote a letter of adverse determination for the chronic pain management program. On 10/08/10, Dr. also wrote a letter of adverse determination for the chronic pain management program. On 10/08/10, Dr. stated he was unable to restart the Oxycontin, Hydrocodone, and Gabapentin, but he refilled Amitriptyline.

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

This is a remote injury and it has been years since her original injury. The patient is xx and is currently on Social Security Disability Income (SSDI) and there is no report of any plans for her to return to work at this time. The patient has been seen by an independent physician and no further treatment of any type was recommended. It is unlikely that even a successful chronic pain management program will alter this patient's functional level and return her to gainful employment at this time. She does not meet the ODG criteria for a pain management program. A chronic pain management program five times a week for two weeks is neither reasonable nor necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE**
- 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)