

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

DATE OF REVIEW: October 13, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient, Chronic Pain Management Program: ten sessions / eighty hours.

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

FAMILY PRACTICE
PRACTICE OF OCCUPATIONAL MEDICINE

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 Provider include:

- M.D., 04/08/09
- Pain Center, M.D., P.A., 07/28/09

- Clinic, 01/25/10, 02/02/10, 07/15/10, 07/23/10, 07/29/10, 08/05/10, 08/30/10, 09/10/10
- M.Ed., L.P.C., 08/24/10
- Functional Testing, 08/24/10

Medical records from the URA include:

- Official Disability Guidelines, 2008
- F.A.C.P., P.A., 07/29/09
- M.D., 09/24/09
- Systems, 12/16/09
- Wellness, 12/31/09
- M.Ed., L.P.C., 02/02/10, 08/24/10
- Functional Testing, 08/24/10
- Systems, 04/21/10
- Clinic, 08/30/10, 09/10/10
- 09/07/10, 09/20/10

PATIENT CLINICAL HISTORY:

The date of injury is listed as xx/xx/xx. The patient was employed with the xx. It is noted the patient lifted a 50-pound child and noted the immediate onset of non-specific pain involving the totality of her spine. There were no focal neurological deficits; however, pain to palpation over the spine is noted by M.D.

There is a pain consultation from. This is as of July 28, 2009. The patient's pain at this time was described between 6 and 8 on the visual analog scale. There have been no apparent changes after three and a half months with conservative care. The assessment of M.D., was lumbar strain, lumbar radiculopathy, lumbar disc syndrome, and lumbar facet joint neuritis, bilateral sacroiliac joint neuritis, cervical strain, cervical radiculopathy, and cervical disc syndrome. The recommendation was for electrodiagnostic studies. It is noted that on physical examination the patient was seen to have asymmetry of the reflexes of 1+ on the right and 2+ on the left. This is despite notation of a normal reflex examination on Dr. consultation of xx/xx/xx. The neurosensory examination was grossly intact in the upper extremities in Dr. initial assessment. The patient's motor strength was listed as 3/5 in the right upper extremity and as 5/5 in the left upper extremity. The lower extremities once again corroborated the previous seen asymmetry reflexes of 1+ on the right and 2+ on the left in the patellar and Achilles tendons. Similarly, there was 3/5 symmetrical loss of motor strength in the left lower extremity and 4/5 in the right lower extremity. An MRI was performed on May 6, 2009; this was reviewed. There was a 1 mm disc bulge seen at L4-5, which would not seem to account for the radicular symptoms. There was disc desiccation, which would be a chronic degenerative change, throughout the totality of the cervical spine. There was

no indication of a direct and mechanical impingement of the nerve elements or disc herniations that would appear to be of a chronic and degenerative nature.

The patient underwent six sessions of individual psychotherapy between January 25, 2010 and August 5, 2010. These are discussing pain coping mechanisms.

I have documentation of a mental health evaluation by on August 24, 2010. The psychological assessment included panic disorder, major depressive disorder, and work-related back injury. It is noted that the patient had no material remission in her symptomatology after more than a year with conservative care. There was additional follow-up psychotherapy recommended by Dr. and Dr.. The recommendation was for individual counseling, group counseling, stress management, and mental health management.

There is a functional capacity evaluation from August 24, 2010. The patient was only seen to be able to function within the sedentary/light physical demand level, which did not meet her previous job requirement of medium/heavy.

There were ten sessions of chronic pain management requested as of August 30, 2010.

There is additional medical record from July 29, 2009. This appears to be an independent medical evaluation by M.D. Dr. noted that he was unable to detect the residuals of injury to her neck, back, or shoulders. There were no clinical features of radiculopathy. Dr. did not feel that there was any necessity for additional care beyond this point. This would certainly be consistent with the patient's MRI findings which did not delineate any significant underlying process and nothing that could be attributable to the mechanism described. The patient was seen to have diminished volitional range of motion of both the cervical and lumbar spine.

There is a designated doctor evaluation by M.D., dated September 24, 2009. The patient's reflexes were seen to be symmetrical and brisk at 2+ in the patellar, Achilles, biceps, triceps, and brachioradialis, which did not corroborate the previous assessment of reflex asymmetry on the right side. Dr. felt that an additional two months of physical therapy was reasonable and necessary despite the fact that it is noted the patient had physical therapy for six weeks without any material change in her condition.

There is a post designated doctor's required medical evaluation from December 16, 2009, by M.D. There was functional capacity evaluation performed which displayed inconsistencies, which reduced the predictive value of the testing. The only note was that the patient would appear to be able to function within the sedentary/light physical demand level, inconsistencies indicative of self-limiting effort. As far as impairment, Dr. felt that the patient qualified for DRE Category II of the cervical spine only and DRE Category I of the thoracolumbar spine. Dr. did not feel the patient qualified for Category

IV or III of the cervical spine because there was no structural integrity abnormality, no atrophy, and no asymmetry of reflexes.

There is a mental health evaluation by M.Ed., from February 2, 2010. The patient was administered the Beck Depression Inventory which placed her in the severe range. The Back Anxiety Inventory was also in the severe range.

There is an Independent Review Organization evaluation from on April 21, 2010. It was felt that, "There is insufficient objective information to review about the patient other than the functional capacity evaluation and psych evaluation. Without further information, the request for initiation of a chronic pain program does not satisfy the ODG."

There is a work capacity evaluation from August 24, 2010. The patient was only able to function within the sedentary/light physical demand level. This has been previously reviewed.

I have no further documentation.

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

I am asked to uphold or overturn the previous determination. I would have to uphold the previous determination. There is no indication in the medical records which specifies an anatomic area of injury. The patient's pain complaints appear to be diffused and non-specific involving the totality of the spine from the cervical to the sacral region. The imaging studies have only corroborated chronic degenerative changes, such as disc dehydration of the cervical spine without herniation and very minimal disc herniation in the lumbar spine without impingement of the nerve roots at any level. The previously noted radiculopathy on the right side of the body has not been corroborated on serial neurological assessments. As such, I do not see the necessity for chronic pain management in the absence of any evidence of a focal pain generator or anatomic derangement that can be attributable to an acute injury. The mental health evaluation has revealed a significant degree of psychological overlay to include severe anxiety and depression, which were likely pre-existent to the condition. As such, this would be a very reasonable basis of failure to progress upon what appears to be a very reasonable course of care for the injury sustained. However, I do not see any necessity for chronic pain management and the absence of any anatomic injury. Based upon OD Guidelines, the indications for chronic pain would be indicated to improve levels of functional ability. There is no indication in the medical records to document an injury-limiting function. The patient's progress appears to have worsened over time. Initially after the injury, the patient had normal range of motion and was released in an unrestricted capacity. Since that time, the patient's function has progressively worsened to the sedentary/light physical demand level. As there can be no material expectation of clinical improvement,

I do not see the utility in additional chronic pain management. The necessity for treatment of the patient's depression and anxiety is certainly well corroborated, but would seem unrelated to a simple slip and fall injury without evidence of significant anatomic disturbance.

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)**