

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program, 80 units

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

M.D., Board Certified Physical Medicine and Rehabilitation

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

ODG

Utilization review determination 10/28/11, 10/07/11

Request for chronic pain management program and supporting documents 10/13/11

Functional capacity evaluation 09/02/11, 07/28/11, 01/21/11

Request for medical dispute resolution 11/14/11

Designated doctor evaluation Dr. MD 03/03/11

Designated doctor analysis letter 03/01/11

MRI lumbar spine 01/11/11

Electrodiagnostic study 02/14/11

Progress note Dr. MD 11/16/11

Psychological evaluation/initial interview 07/28/11

Office notes DC 09/15/11, 10/19/11, 11/17/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. He was lifting 9 two-liter cases weighing approximately 40-50 pounds when he felt a sharp shooting pain in the lower back right side, which also affected his right leg. MRI of the lumbar spine performed 01/11/11 revealed disc desiccation and disc height loss at L5-S1 with grade 2 anterolisthesis of L5 and S1 with bilateral L5 spondylolysis. There is moderate spinal stenosis at L5-S1 secondary to spondylolisthesis and facet joint and ligamentum flavum hypertrophic changes with descending nerve root impingement. Bilateral neural foraminal narrowing with exiting nerve root impingement was noted at L5-S1 secondary to spondylolisthesis and facet joint hypertrophy. Electrodiagnostic testing performed 02/14/11 reported findings of right-sided lumbar plexopathy. Per designated doctor evaluation on 03/03/11, the claimant had been approved for epidural steroid injection. He was determined to have not reached maximum medical improvement with anticipated MMI date of approximately 06/03/11. The claimant

underwent initial psychological interview on 07/28/11. BDI score was 17, within mild range of assessment. BAI score was 11, within the mild range of assessment. Functional capacity evaluation performed 09/02/11 noted the claimant may be capable of handling medium to heavy work demands. A request for 10 sessions of chronic pain management program dated 10/06/11 indicated after completion of approved individual therapy sessions the claimant was recommended to participate in multidisciplinary chronic pain management program. It was noted the claimant has completed psychotherapy sessions but made minimal progress due in large part to poor coping skills, anxiety, depression and pain complaints.

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

This claimant sustained a lifting injury to low back on xx/xx/xx. MRI of lumbar spine on 01/11/11 revealed disc desiccation and disc height loss at L5-S1 with grade II anterolisthesis of L5 and S1 with bilateral L5 spondylolysis, with moderate spinal stenosis and bilateral neural foraminal narrowing with exiting nerve root impingement at this level. The claimant had EMG study on 02/14/11 with impression of right-sided lumbar plexopathy. Records indicate the claimant underwent lumbar spine injection on 02/27/11, which he stated decreased his pain level. Repeat injection was performed on 04/15/11. Records indicate the claimant finished work conditioning program as well as first half of work hardening program. The Official Disability Guidelines do not support reenrollment in or repetition of same or similar rehabilitation program. Office notes from Dr. dated 10/19/11 indicate the claimant is pending lumbar spine surgery. Office note dated 11/17/11 again indicates the claimant is pending lumbar spine surgery. It appears that all active treatment options have not been exhausted as the claimant reportedly is pending surgical intervention. Given the current clinical data, the reviewer finds medical necessity is not established for chronic pain management program, 80 units.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

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)