



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 02/10/11

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: 80 Hours Chronic Pain Management

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

Texas Board Certified Physical Medicine & Rehabilitation  
Texas Board Certified Pain Management

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant is a xx year old male who sustained an injury on xx/xx/xx when he fell, causing pain to the neck, back, and shoulder.

Electrodiagnostic studies performed 09/16/08 reveal prolongation of the left peroneal F-wave, indicating a left L5 radiculopathy.

An MRI of the lumbar spine performed 09/22/08 revealed sacralization of L5 with bilateral pseudoarthrosis. There is bone marrow edema involving the superior plate of L3. This is non-specific but could represent a bone contusion, the presence of trauma, inflammation in the presence of degenerative change, or inflammatory response from any disease process. At L4-L5, there is a circumferential 2.5 mm disc protrusion producing slight foraminal stenosis without impingement upon the exiting L4 nerve roots. There is periligamentous edema involving the anterior longitudinal ligament. This is nonspecific but could represent post-traumatic inflammation and reparative changes in the proper clinical setting. There are abnormal spinal biomechanical and postural changes.

The claimant is seen for Health and Behavioral Re-Assessment on 06/25/10. The note stated the claimant failed an attempt to return to work as he was unable to fulfill his job duties. The claimant has completed a total of thirteen sessions of individual psychotherapy. The claimant reports both initial and sleep maintenance insomnia. The claimant's BDI score is 20, indicating moderate depression. The BAI score is 17, indicating moderate anxiety. The claimant's GAF score is 55. The claimant is assessed with pain disorder associated with both psychological factors and a general medical condition secondary to the work injury. The claimant is recommended for a formalized battery of psychological tests.

The claimant was seen for Psychological Testing on 08/24/10. The claimant's MMPI-2-RF indicated somatic complaints. The claimant was likely to be prone to developing physical symptoms in response to stress. The claimant was likely to be preoccupied with poor health. The claimant's BHI-2 revealed an unusually low level of psychological distress and dysfunction, suggesting that he may be trying to emphasize how difficult his life is while claiming to be unusually psychologically resilient at the same time. The claimant reported a relatively high level of functional disability. The claimant was recommended for a ten day trial of a chronic pain management program.

The claimant was seen for evaluation on 10/26/10. The claimant complained of back pain with radiation down the left leg to the lateral aspect of the left foot causing numbness in the small toe and across the top of his foot. Physical examination revealed paravertebral muscle spasm and hypertonicity. There was tenderness from L3 through L5 with decreased range of motion, primarily with flexion. There was decreased sensation in the lateral aspect of the left foot and pain across the top of the foot. The claimant is assessed with chronic low back pain with radicular pain and reactive anxiety/depression. The claimant was recommended for a chronic pain management program.

The claimant was seen for a Functional Capacity Evaluation (FCE) on 11/02/10. The claimant's occupation requires a heavy physical demand level. The claimant was currently capable of performing at a light-medium physical demand level.

The request for Chronic Pain Management Program was denied by utilization review on 11/10/10 due to no thorough behavioral psychological examination to provide a reasonable manifest explanation for the etiology and maintenance of the claimant's clinical problems or to provide a cogent explanation for the identified complaints and dysfunction. There was no documentation that the treating physician has currently ruled out all other appropriate care for the chronic pain problem. The claimant was reported to be actively submitting applications at this time, though no hire offers yet. The claimant appeared to not specifically need a comprehensive pain management program as he was apparently willing to go back to work at this time.

The claimant was seen for follow-up on 12/07/10. The claimant described increasing and constant pain in the lumbar region. The claimant also reported stiffness and soreness in the lumbar spinal region. The claimant rated the pain at 8 out of 10. Physical examination was not performed. The claimant was recommended for pain management.

The request for Chronic Pain Management Program was denied by utilization review on 12/15/10 due to lack of documentation of the need for a comprehensive pain management program or documentation from a discipline that can provide medication management and more aggressive interventional management with injections and/or surgery. There was an absence of other options likely to result in significant

improvement.

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

There is insufficient clinical documentation to indicate that the claimant has exhausted all lower levels of care. There is no documentation regarding any minimally invasive procedures that have failed to provide any benefit, to include injections. The claimant has undergone diagnostic testing; however, there is no evaluation regarding any possible surgery that may benefit the claimant. It is unclear to what extent the claimant has undergone other lower levels of pain management, to include medications. Current evidence based guidelines recommend that patients exhaust all lower levels of care before considering a chronic pain management program. Given the lack of documentation regarding lower levels of care, medical necessity would not be supported.

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

*Official Disability Guidelines*, Online Version, Pain Chapter