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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Additional Chronic Pain Management Program x 2 weeks (80 hours)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a xx year-old male who sustained a work related injury to his low back. He was riding in an elevator and it suddenly dropped a few feet jolting his back. An MRI of his lumbar spine showed evidence of a posterior annular tear with a high intensity zone at L5-S1. There was an underlying central disc protrusion of approximately 3 millimeters and some ligamentous thickening. There was mild to moderate compromise of the left and right lateral
recesses as well as mild to moderate neural foraminal encroachment bilaterally, left greater than right. There was a mild loss of the disc signal with some mild bony hypertrophic changes. The spinal canal and neural foramina were normal in caliber at the upper four lumbar levels. The claimant was treated with Flexeril, physical therapy, Medrol Dosepak and an epidural steroid injection without relief of his symptoms. He underwent a discectomy and nerve root decompression at L5-S1 on 07/07/10. Post-operatively he had about 18 sessions of physical therapy and 10 session of a chronic pain management program. An additional 10 sessions were noncertified in two peer reviews. The first peer review dated 11/17/10 noncertified the request for more sessions after talking with the physician and finding there had been no effective change after 10 sessions. The claimant underwent a functional capacity evaluation on 11/22/10.

The report stated that the claimant's job required a heavy physical demand level and he was performing at a medium physical demand level, which indicated a moderate functional deficit. The second peer review on 12/03/10 noted that the claimant's occupation was a medium physical demand level not medium/heavy. It also noted that the claimant had done well with the previous approved 10 sessions of chronic pain management and there was no indication for more sessions. A medical evaluation on 12/14/10 found that the claimant had not
reached maximal medical improvement but could return to work with restrictions.

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

This claimant's complaints date to an injury with a history of discectomy. It appears that 10
sessions of chronic pain management were provided. Whereas a functional capacity of
12/28/09 revealed light to medium capabilities, the functional capacity evaluation of 11/22/10
-- after the chronic pain management -- revealed only medium activities, certainly no significant change compared to the earlier functional capacity evaluation. It certainly does not appear that functional capacity was significantly or dramatically increasing.

The ODG Guidelines do not suggest more than 10 sessions of this treatment unless there is significant demonstration of efficacy with not only subjective but objective gains. In this case, the functional capacity evaluations certainly would not suggest such gains. There is no clear documentation to suggest that, based on the response to chronic pain visits to date, that ongoing such visits would provide further functional progress. Therefore, the medical necessity for Additional Chronic Pain Management Program x 2 weeks (80 hours) is not substantiated under the Official Disability Guidelines. The reviewer finds there is no medical necessity for Additional Chronic Pain Management Program x 2 weeks (80 hours).

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 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE

GUIDELINES [ ] MILLIMAN CARE GUIDELINES

[X] 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)