

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

**DATE OF REVIEW:** December 30, 2010

**IRO CASE #:**

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

Chronic Pain Management Program; 10 sessions: 97799.

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

AMERICAN BOARD CERTIFIED PSYCHIATRY AND NEUROLOGY

**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 Carrier include:

- Texas Workers' Compensation Work Status Report, 08/22/08, 10/23/08, 11/22/08, 01/04/09, 03/17/09, 09/22/10
- 08/22/08, 10/23/08, 11/22/08, 01/04/09, 03/17/09, 09/27/10
- Clinic, 10/29/08
- Neurology Associates, P.A., 03/31/09

- DWC-69, Report of Medical Evaluation, 04/26/09
- D.C., 04/26/09
- M.D., 04/28/09, 07/28/09, 08/25/09, 09/22/09, 11/20/09, 05/12/10, 11/02/10
- Physical Therapy & Sports Rehab, 08/03/09
- Spinal Rehabilitation Center, Inc., 10/29/10
- Texas Department of Insurance, 04/02/09

Medical records from the URA include:

- Official Disability Guidelines, 2008
- 11/11/10, 12/10/10, 12/03/10
- 01/10/08, 01/17/08, 01/31/08, 02/20/08, 03/17/08, 04/23/08, 07/09/08, 08/22/08, 10/23/08, 11/22/08, 01/04/09, 03/17/09, 09/27/10
- Diagnostic Health, 02/25/08
- M.D., 04/02/08
- Clinic, 10/29/08
- M.D., 03/31/09, 04/28/09, 07/28/09, 08/25/09, 09/22/09, 11/20/09, 05/12/10
- Physical Therapy, 08/02/09, 08/03/09
- Spinal Rehabilitation Center, Inc., 10/29/10, 11/11/10
- Pre-Authorization for Functional Restoration, 11/05/10
- M.D., 11/10/10
- Request for a Review by an Independent Review Organization, 12/07/10
- Texas Department of Insurance, 12/10/10

Medical records from the Provider include:

- M.D., 04/02/08, 03/31/09, 04/28/09, 07/28/09, 08/25/09, 09/22/09, 11/20/09, 05/12/10, 11/02/10

### **PATIENT CLINICAL HISTORY:**

This is a review of the records, as well as the description of the service or services in dispute, for chronic pain management program of ten sessions, 97799.

This is a female who sustained a job injury on xx/xx/xx , when a 60-pound bag fell on her head. She had a brief loss of consciousness. She had neck pain. She also reported to have an ankle injury.

The information provided in the available medical records reviewed includes records from URA, records from the provider, and records from the carrier. The patient had several visits to the medical offices of general practitioners, neurologists, as well as physical therapy and a psych evaluation.

The records from the URA revealed that on xx/xx/xx, the patient had a visit to a radiology clinic. The patient had x-rays of her neck.

The patient had an MRI of the cervical spine performed on February 25, 2008. There was a mild disc bulge at C5-6 and a mild diffuse disc bulge at C6-7.

The patient then had several visits to the clinic. These dates included March 17, 2008, April 23, 2008, July 9, 2008, August 22, 2008, and October 23, 2008. There were further visits on November 22, 2008, January 4, 2009, and March 17, 2009.

The patient had an initial neurological examination M.D., on April 2, 2008. The diagnosis was cervical strain, concussion, and headache. The recommendations were for further physical therapy and continue part-time work.

The patient underwent an initial functional capacity evaluation at by D.C., on October 29, 2008. The evaluation revealed that cervical range of movement and strength was normal. The patient was unable to hold any sustained effort beyond five seconds and tended to give way due to pain.

The patient had further neurological visits on March 31, 2009. The clinical impression was cervical strain, myofascial pain, and headache.

The patient was treated with Topamax by the neurologist, Dr. on July 28, 2009.

The patient underwent physical therapy at on August 3, 2009.

Further follow ups with Dr. on August 25, 2009. There is no change in the diagnosis or treatment management.

On October 29, 2010, the patient had a TPE evaluation at It is noted that the patient had already undergone 12 sessions of physical therapy and three months of chiropractic treatment. It was recommended that the patient have a multidisciplinary functional program. It was felt that the patient had depression related to the injury and that was tied to her lack of function.

On November 10, 2010, M.D., did not recommend a chronic pain management program since the patient's injury was approximately three years ago.

On November 11, 2010, preauthorization for a functional restoration program was denied by Corporation.

On December 3, 2010, an appeal was also denied for a functional restoration program for chronic pain. The Official Disability Guidelines do not recommend this tertiary level program for patients with a date of injury more than 24 months old.

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

In summary, this female had a mild head injury and concussion in xx/xx that knocked her down completely. The patient has undergone many, many examinations and evaluations by different health care providers, physicians, and neurologists. The diagnoses have always been cervical sprain/strain, concussion, headache, and depression disorder. The patient's treatments were medications, including Topamax, Skelaxin, and Clonazepam, and physical therapy. The patient's MRI of the cervical spine did not reveal any herniated disc. There is no further evaluation, as far as neural imaging or neurodiagnostic tests. There is no other treatment, such as spinal epidural injection or other modalities of treatment, for pain.

The patient's neck and headache appears to be more of a myofascial-type pain. The persistence of pain for the nearly three years is unexplainable on any medical terms. One should look into other conditions that may interfere with the patient's pain management. One should look into the patient's personality. In the past, the patient had a tummy tuck, breast implants, according to the findings in a few of the records provided, and it is possible that the patient does have a degree of liable personality that makes her vulnerable for pain.

As far as agreement with the recommendations and denial of the multidisciplinary functional program for chronic pain, I do agree. According to the ODG, the multidisciplinary pain management for chronic pain is effective in the first three to six months after the injury, and it is not recommended if there is more than 24 months past the initial injury. There are limited studies regarding the chronic pain of the neck and shoulders and the efficacy of the chronic pain programs for the neck and shoulders or upper extremity of musculoskeletal disorders. This may be because rates of cervical claims are only 20%-25% of the rate of lumbar claims.

**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 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)