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Notice of Independent Review Decision

DATE OF REVIEW: 1/5/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a chronic pain management program 5x/week for 8 hours per day for 2 weeks. (97799)

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a chronic pain management program 5x/week for 8 hours per day for 2 weeks. (97799)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Advantage.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Advantage: 9/27/08 diagnosis sheet, systems exam sheet 9/27/08, 10/17/08 exam findings by, MD, 10/17/08 electrodiagnostic report, 10/6/10 letter by DO, patient ledger sheet 10/5/09 to 11/18/09, 10/5/09 evaluation by, LPC and 6/23/10 evaluation by LPC.

: 10/26/10 letter by LPCS et al, 9/23/09 pt referral form, 10/13/10 request for preauth form, CPM progress note week 8, 10/7/10 CPM weekly goal sheets, 6/10/10 PPE, 12/29/08 eval by MD, 11/25/08 to 5/12/10 notes by Medical Center, DD exam 5/7/09 and 6/10/10 opioid agreement

Denial letters dated 11/11/10 and 10/22/10 were taken from the TDI referral information and sent to the reviewer as well.

We did not receive WC Network Treatment Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker sustained a work related injury to the lower back xx/xx/xx when she slipped on oil on the floor, landing on her back and right side. At the advice of her employer she sought medical treatment through her health insurance. Treatment included primary care and lumbar epidural steroid injections.

When the employer subsequently obtained workers compensation coverage, the injured worker was seen by Dr. on 9/27/2008. Physical therapy was prescribed. On 10/17/08, per Dr., the diagnoses pertaining to the lumbar spine were lumbar sprain/strain, lumbar facet syndrome, and lumbar intervertebral disc disease. Electrodiagnostic studies performed 10/17/2008 by D.O., Ph.D. were reported to show normal EMG findings in the right and left upper and lower extremities. Nerve conduction studies were reported "slowing of all long waves tests" in the lower extremities, "consistent with two possible diagnoses including mild, bilateral multi-level lumbar radiculopathy and/or lumbar central spinal stenosis". Clinical correlation was recommended.

On 11/25/2008 the injured worker was seen by M.D. at Medical Center (hereinafter referred to as) for evaluation and treatment. Treatment included physical therapy and medications. The injured worker was seen at for follow-up and continuing care by Dr. and by M.D., M.D., M.D., and M.D.

At the request of Dr., the injured worker was seen by M.D., a physiatrist specializing in pain medicine, 12/29/2008. In his clinical note. Dr. mentioned that surgery to the lumbar spine had been previously recommended. Dr. diagnosed cervical disc protrusions, lumbar myofascial pain and cervical myofascial pain. In December 2008 Dr. summarized the findings on the MRI of the lumbar spine, apparently done 10/13/2008, which revealed degenerative disc disease at L4-L5 and moderate spinal stenosis at L4-L5.

A designated doctor examination was performed by M.D. on May 7, 2009, wherein Dr. found the injured worker to be at MMI with an impairment rating of five percent.

The injured worker was seen at for follow-up approximately at monthly intervals from November 2008 through February 2010. Dr. saw the injured worker for follow-up at center June 12, 2010. The injured worker reported constant pain in the lower back. Dr. diagnosed (a)displacement of a cervical intervertebral disc without myelopathy and (b)lumbar strain. He recommended referral to pain management as soon as possible, with follow-up three months at afterward.

After preauthorization a chronic pain management program was started at The injured worker completed the authorized eight weeks in the program. A request was made to seek reauthorization for 10 additional treatments.

On 10/07/2010 the progress note after the eighth week of the chronic pain management program documented that the injured worker had missed some of the treatment sessions, missing five of the last 15 scheduled visits, but missing only one visit in the last two weeks of program. One absence was for a doctor's appointment. The other four (subsequent) absences were for reasons described as "other", with no further clarification. On the next page of the document, there was some limitation of progress "due to hypertension". The injured worker had an appointment to see her doctor to get it under control. The narrative further documented that the injured worker had made significant improvements. Her lifts had increased dramatically and had doubled in the last 10 sessions. "This puts her on track to exceed her PDL with 10 more sessions". With respect to vocation, she was "working on obtaining her GED and completing job applications".

The requested services were non-authorized October 22, 2010.

On October 26, 2010 a letter was submitted requesting an appeal for the proposed chronic pain management program, asserting that the injured worker had shown a positive functional response to "her previous chronic pain management program" including the following:

- Increased dynamic lifting from a sedentary physical demand level to a medium physical demand level.
- Increase in cardiovascular from 5 minutes to 20 minutes with her goal being 60 minutes.
- Increase in endurance levels from 10 minutes to 40 minutes with a goal of 60 minutes.
- Motivation to change.
- A medication contract.
- Documentation that [the injured worker] is aware that successful treatment may change compensation and/or other secondary gains.

On November 11, 2010 the services were again non-authorized. Request for review by an IRO was submitted December 9, 2010.

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

As documented in the progress notes for the chronic pain management program dated, the injured worker's progress was limited by hypertension. An appointment had been made "to get it under control". No documentation was submitted that the injured worker indeed had the medical evaluation/treatment of hypertension and had been medically authorized to continue the proposed treatment program. If any of the missed therapy sessions were related to the problem with hypertension, such medical approval would be required. The medical problem of hypertension has direct bearing upon several performance parameters including cardiovascular performance, endurance, and intensity of physical activity required to attain the treatment goals. Furthermore, medical treatment of the hypertension may include adjustment of the pain management medications, requiring coordination with the treating doctor and the pain management specialists.

As noted in the ODG –TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) (updated 12/15/10)...'Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed). '

The individualized treatment program will need to take into account the existing medical problem(s) which demonstrably affected the response to prior treatment during the authorized 8 weeks of the program. Although a medical appointment (regarding hypertension) was mentioned, the outcome of the appointment was not addressed in the treatment plan.

According to the ODG, the requested treatment is not medically necessary at this time.

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)