

## Notice of Independent Review Decision

**DATE OF REVIEW:** January 21, 2011

**IRO CASE #:**

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

Neurology Consult for Lumbar.

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

This reviewer is a Board Certified Physical Medicine and Rehabilitation Physician with 15 years of experience.

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

On August 16, 2006, the claimant was evaluated by DC. She had complaints of back pain, right knee swelling and left hand pain from a fall.

On August 21, 2006, the claimant was evaluated by M.D. X-rays show that she had a back sprain. She was released to work with restrictions and placed on Robaxin 750 mg and Motrin 800 mg.

On August 29, 2006, the claimant was re-evaluated by M.D. She stated that when she was last seen her lack of back pain was "only a fluke". She complains of back spasms. She was referred to Dr. a psychiatrist.

On August 31, 2006, the claimant was evaluated by at Rehabilitation Medicine. She is getting better with chiropractic care and her range of motion has improved. The pain comes and goes with activity.

On September 13, 2006, the claimant was re-evaluated by, M.D. She seemed angry in talking to Dr. and complained about needing to come to this office. Dr. stated he would be happy for her care to be taken over by Dr. . She stated she wants her chiropractor to be the total manager of her care.

On September 26, 2006, the claimant was re-evaluated by Dr. M.D. She continues to have back spasms with referral into the sides. Motor strength and sensation were normal. Her symptoms are consistent with strain injury. Trigger point injections were recommended.

On September 29, 2006, M.D. performed trigger point injections in the right serratus posterior inferior. Dr. stated she should reach MMI in two weeks.

On October 16, 2006, the claimant was re-evaluated by M.D. She received no relief from the trigger point injections. Dr. placed her at MMI and recommended an impairment rating and functional capacity evaluation.

On October 21, 2006, an MRI of the lumbar spine was performed. Impression: 1. Compression fracture of T9 which causes local dorsolumbar kyphosis. 2. Increased lumbar lordosis. 3. Small disc herniation at L5, S1, which does not significantly impinge on neural structures. 4. Moderate narrowing of the spinal canal at the T9 level as interpreted by, M.D.

On December 15, 2006, Med, LPC performed a behavioral medical evaluation. Routing monitoring and medical management conferences with the treating physician are recommended.

On December 15, 2006, the claimant was evaluated by M.D. a pain management physician. She has chiropractic treatment with partial relief from pain. Dr. recommended epidural steroid injections of T8-9 and T9-10.

On January 12, 2007, the claimant was evaluated by M.D., an orthopedic surgeon. She is now experiencing right sided low and mid back pain with an

increased urgency with bowel movements. Impression: 1. Thoracic spine pain. 2. Fracture, thoracic vertebra T9. 3. Lumbar disc bulge L5-S1. Dr. recommended T9 Kyphoplasty.

On January 26, 2007, the claimant underwent surgical intervention of the thoracic spine as performed by M.D. Procedures: 1. Kyphoplasty, T9. 2. Biopsy of T9 vertebral body.

On February 2, 2007, the claimant was re-evaluated by M.D. She stated that she has been doing well as far as her back pain. She is to continue to avoid heavy lifting, pushing, or pulling for 3 months.

On February 8, 2007, the claimant was re-evaluated by M.D. She is going well as far as thoracic back pain but she still has right side rib cage pain. She was prescribed Lyrica.

On March 9, 2007, the claimant was re-evaluated by M.D. She continues to complain of right T9 radicular symptoms. She is using Hydrocodone 10/325 and Lyrica 50mg. An ESI was recommended.

On April 17, 2007, an EMG/NCS of the lower extremities was performed by M.D. Impression: Abnormal study. This study shows acute neurogenic changes in the lower thoracic paraspinal muscles, primarily at T9-10 myotomes. These acute neurogenic changes could represent thoracic radiculopathies at the respective levels or could be due to post operative changes in the thoracic paraspinal muscles. There is no electrophysiological evidence of a lumbosacral radiculopathy. However, possibility of pure sensory radiculopathies at the lumbosacral spine can not be excluded.

On June 20, 2007, the claimant was re-evaluated by M.D.. She states her fracture at T9 feels ok.

On June 29, 2007, M.D. performed a bilateral transforaminal epidural steroid injection at T8-9 and T9-10.

On July 10, 2007, the claimant was re-evaluated by M.D. she reported a 50% improvement from the ESI x1 week.

On August 3, 2007, M.D. performed a bilateral transforaminal epidural steroid injection at T8-9 and T9-10.

On August 18, 2007, M.D. placed the claimant not at MMI and is expected to reach MMI on or about November 18, 2007.

On August 17, 2007, the claimant was re-evaluated by M.D. she reported a 50% improvement from the ESI x1 week.

On September 13, 2007, the claimant was re-evaluated by M.D. she reported a improvement in pain levels with the use of Lexapro.

On October 23, 2007, the claimant was evaluated by M.D. The continues to complain of pain around her flank that is consistent with T9 distribution. She has no pain below her knees.

On December 21, 2007, M.D. performed a peer review. He determined that a majority of the medical care rendered in the case is not only inconsistent with the ODG Guidelines but it is appalling, continued chiropractic care is not necessary. The medical records in this case do not support the need for ongoing scheduled medical care.

On January 1, 2008, M.D. submitted an addendum to his peer review. The medical records at this time do not provide us with any objective clinical basis to indicate the need for ongoing scheduled medical care, chiropractic care, or alternative medical therapies.

On February 16, 2009, M.D. performed a peer review. He determined that The medical records in this case should not have approved the recommended surgery of Dr.. Treatment protocols in this case should have terminated long ago. The surgical protocol in this case was inappropriate.

On August 25, 2009, the claimant was re-evaluated by M.D. She has been of Norco with some improvement. Impression: Intractable pain secondary to failed back and spine degeneration. She was prescribed Fentanyl patch 25 mg.

On February 22, 2010, M.D. We continue to see cursory clinical examinations of this patient followed by recommendations of further invasive treatment protocols. They are medically unreasonable, inappropriate and made medically necessary as a result of the incident in questions. She should be referred back to her primary care physician.

On February 26, 2010, M.D. performed a lumbar transforaminal epidural steroid injection at L3-4, L4-5.

On April 28, 2010, the claimant was re-evaluated by M.D., she received no relief from the ESI. Her Norco was refilled. She was referred to a spine surgeon.

On June 15, 2010, the claimant was re-evaluated by M.D. She stated that her functional status is poor to fair. She requests a spinal cord stimulator.

On June 29, 2010, LPC performed a psychological evaluation. She appears to be manifesting symptoms of a pain disorder, insomnia and a mood disorder due to a medical condition. A spinal cord stimulator was recommended.

On September 16, 2010, the claimant was re-evaluated by M.D. She states she has severe low back pain with pain running down her legs with associated numbness and weakness. Her Percocet and Lexapro were refilled.

On September 27, 2010, M.D. The majority of the treatment protocols invoked response to Ms. subjective complaints has been egregiously excessive, medically unnecessary, and directed towards medical issues which had no association with original work related incident. Medical records do not support a spinal cord stimulator. Norco, Mobic and Cymbalta are not recommended. Utilization of an antidepressant is not recommended.

On December 3, 2010, M.D., a physical medicine/rehabilitation physician performed a utilization review on the claimant Rational for Denial: A trial of spinal cord stimulation on July 28, 2010 was met with limited responsiveness. In the absence of objective evidence of a progressive neurological impairment, the medical necessity for neurological consultation at this juncture cannot be established based upon clinical data submitted. Therefore, it is not certified.

On December 21, 2010, DO, a physical medicine/rehabilitation physician performed a utilization review on the claimant Rational for Denial: There is no documentation of any current clearly detailed objective physical exam findings and diagnosis listed that would justify the need for neurology consult as well. Therefore, it is not certified.

### **PATIENT CLINICAL HISTORY:**

The claimant sustained an injury to the back when she tripped over a tripod while reaching for something.

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

The previous decisions are upheld. Submitted clinical information does not even mention a referral to a neurologist, let alone a clinical rationale for such a consultation. ODG Pain Chapter under "Office visits" notes the following: "The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best claimant outcomes are achieved with eventual claimant independence from the healthcare system through self-care as soon as clinically feasible.

Records indicate the claimant has been following up with her current managing doctors, but there is not clinical documentation to support referral to a neurologist.

**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)