



Notice of Independent Review Decision

DATE OF REVIEW: 07/15/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program 5 x week x 2 weeks; 80 Units

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

Board Certified in Anesthesiology and Pain Management/Pain Medicine
Certified by the American Board of Anesthesiology
Certified by the American Board of Anesthesiology/Pain Management
Fellowship Trained in Pain Management

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.

Chronic Pain Management Program 5 x week x 2 weeks; 80 Units

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The services in dispute include a chronic pain management program five times per week times two weeks, 80 units. This patient was allegedly injured on xx/xx/xx in a slip-and-fall event. According to the TWCC-1, the patient sustained a lower back strain. On 03/08/04, the patient was seen at Clinic, complaining of pain in the left shoulder, arm, back, hip, and leg. On 03/10/04 the patient was initially evaluated by chiropractor, complaining of upper and lower back and left leg pain. The chiropractor did not document any physical examination findings. However, the patient was sent for cervical and lumbar spine x-rays on 03/10/04, both of which demonstrated no abnormal findings except for mild degenerative changes at the C4/C5 and C5/C6 levels. After that, the patient received thirteen treatments with chiropractor through 09/20/04. While undergoing that treatment, a lumbar MRI scan was also performed at the request of the chiropractor on 03/26/04, which was entirely normal.

A Designated Doctor Evaluation with Dr. was performed on 08/24/04 with the patient complaining of neck pain radiating down her back, tingling in the left arm, left lower back pain with left leg tingling, and left knee pain. The patient denied any weakness in the upper and lower extremities. The patient was noted to be 5'4" tall with a weight of 214 pounds with a prior medical history of peptic ulcer disease and hypertension. Physical examination documented nonspecific neck and lower back tenderness, left knee tenderness, no left knee effusion, and no ligamentous left knee laxity. Straight leg raising test was negative. Reflexes, sensation, and strength in the lower extremities were all entirely normal. Dr. noted that a left knee orthopedic evaluation was pending and recommended consideration of electrodiagnostic studies and pain management consultation.

On 11/08/04 chiropractor ordered left knee x-rays, which were entirely normal. On 12/08/04 chiropractor ordered left knee MRI scan, which was also similarly entirely normal. The patient received five more treatments with chiropractor from 01/05/05 through 03/08/05 for a total of eighteen treatments.

On 01/07/05 a repeat Designated Doctor Evaluation was performed by Dr.. He noted that there was no impairment awarded for range of motion deficits in the neck or lower back. He also noted that there was a decreased range of motion of the left knee. There were no objective sensory or motor deficits of the cervical spine, lumbar spine, or upper and lower extremities. There was no evidence of radiculopathy in the cervical or lumbar region. No specific lumbosacral findings were noted as well as no diagnosis related impairment for the left knee. The patient was awarded a 9% whole person impairment rating with a maximum medical improvement date of 01/07/05. Physical examination noted no crepitus with passive range of motion of the left knee and no effusion. There was no palpatory left knee pain. There was nonspecific left and right trapezius tenderness to palpation but no tenderness to palpation of the neck, upper thoracic region, or lumbar region. Straight leg raising was negative. Reflexes were normal in the upper and lower extremities, and there were no sensory or motor deficits.

There was no clinical follow-up of this patient for the next 21 months until chiropractor saw her on 09/26/07, complaining of the same cervical, lumbar, and lower extremity pain. Chiropractor noted the patient had been seen by Dr. for pain management and physical therapy at Hospital. Physical examination documented normal reflexes, sensation, and strength of all lower extremities. Chiropractor recommended a neurology consultation and continued treatment by Dr. for pain management.

There is then no documentation of the patient being seen by any providers until 01/08/11, some 40 months later, when an orthopedic evaluation was performed by Dr. for her lower back. He noted the patient had not seen Dr. since 2007 and that the patient had been “without medical care until November 2010” when chiropractor became her treating doctor. The patient complained of lower back and hip pain radiating down both legs to the feet with a pain level of 7/10. Physical examination documented the patient’s ability to walk on her heels or toes, no muscle spasm, no trochanteric tenderness, no sensory deficit, negative tension signs, no weakness, and negative Fabere’s test. Other than nonspecific midline and posterior iliac notch tenderness, there were no other findings. Reflexes were normal at the knees and ankles. Dr. stated there was no evidence of radiculopathy but recommended bilateral hip MRI scans “to assess the labrum of the acetabulum.”

On 03/08/11 at the request of chiropractor, a social worker, evaluated the patient for admission to the chronic pain management program which employed him. That evaluation noted the patient was taking only ibuprofen and Flexeril. The evaluation included Beck Depression Inventory and Beck Anxiety Inventory tests, demonstrating evidence of moderate depression and anxiety. Mr. recommended the patient attend ten sessions of a “behavioral multidisciplinary chronic pain management program,” stating it was “crucial that this patient receive other necessary components which are not provided in individual therapy” while failing to justify that “crucial” necessity or what those other components might be.

A Functional Capacity Evaluation was performed by chiropractor on 04/29/11, noting the patient’s physical demand level at work was light and that she was unable to meet that requirement. However, no physical data whatsoever was documented to justify any conclusion regarding the patient’s functional capacity.

On 05/24/11 a request was submitted for the patient to attend ten sessions of a chronic pain management program at five times a week for two weeks. Initial review by a Ph.D. psychologist recommended nonauthorization of the request based on lack of objective data regarding the Functional Capacity Evaluation and lack of a “coordinated treatment plan” from her doctor. Chiropractor then wrote a letter requesting reconsideration on 06/08/11, citing ODG Treatment Guidelines. He stated the patient had “exhausted all lower levels of care” and provided no other new information other than what appeared to be a cut-and-paste of the ODG Guidelines.

A second Physician Adviser Review was performed on 06/15/11 by a board certified occupational medicine physician recommending nonauthorization of the reconsideration request. That physician noted that there had been no treatment or claim activity of the patient from 2007 through 2010. That physician also noted that the request for treatment of this patient as related to a xxxx injury “in the absence of any localizing examination findings with only reported tenderness some x years after the fact and subjective complaints of leg symptoms” was not medically likely to have any relationship

whatsoever to the xxxx work event. The physician also expressed concern regarding the patient's lack of need for treatment since 2007. Finally, the physician reviewer noted evidence on Functional Capacity Evaluation data of multiple positive Waddell's signs, nonanatomical leg pain, giving way of the leg, and "no pain-free spells."

Ph.D., then wrote a letter requesting medical dispute resolution on 06/28/11, merely restating essentially word-for-word the previous letter written by chiropractor in his request for reconsideration.

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

As has been pointed out by the second physician adviser, there has never been any objective evidence of any damage, injury, or harm to any part of this patient's body as related to the compensable slip-and-fall event of xxxx. Also, as pointed out by the second physician adviser, the patient apparently had no need for any treatment for over three-and-a-half years between 2007 and 2010. The patient has not had any trials of antidepressants or lesser levels of psychologic treatment such as individual psychotherapy. Despite Mr. assertion that it is "crucial" for the patient to obtain treatment otherwise not available in individual psychotherapy, no valid justification for that unsubstantiated opinion has ever been documented or provided, nor, in my opinion, is there any such validation for that opinion. The patient has never had any documented evaluation by a psychologist to validate or justify any psychologic diagnosis of depression, anxiety, or any psychologic condition related to the patient's pain. No medical information has been provided in either of the letters for reconsideration or request for medical dispute resolution that would in any way justify overturning the recommendations for nonauthorization from the board certified psychologist and board certified occupational medicine specialists who have reviewed this request. The patient does not meet ODG criteria for attendance at a chronic pain management program as the patient has, quite simply, not exhausted all appropriate medical treatment, and even more so, lacks of any objective evidence of damage, injury, or harm to any part of the patient's body that would necessitate the need for such a program.

For all of the above reasons, therefore, there is no medical reason or necessity for the requested ten sessions of a chronic pain management program herein under review. The recommendations for nonauthorization from the two previous advisers are, therefore, upheld.

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)**
- AMA GUIDES 5TH EDITION**