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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 Days

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

MD, BOARD CERTIFIED PHYSICAL PAIN AND REHABILITATION

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is reported to have sustained work related injuries on xx/xx/xx. On this date she was performing her customary duties when she tripped off the edge of a mat and fell backwards striking her head, neck and back on a cement floor. It is reported that the injured employee reports she lost consciousness for approximately one minute. She was given first aid and her manager subsequently sent her home for the day. On 07/29/09 the injured employee was seen at a facility where she received x-rays and was placed on light duty. She later underwent MRI of the lumbar spine on 09/25/09 which revealed a disc protrusion at L4-5 with mild to moderate spinal canal stenosis and neural foraminal narrowing. An MRI of the cervical spine performed on the same date showed a diffuse disc bulge small ventral disc protrusion measuring 2-3mm at C6-7 with lesser changes seen at the other levels. There is a small disc protrusion of 3mm at C4-5. She was opined to have suffered a head injury with subsequent head, neck pain and dizziness. She reported transient losses of vision with recurrent episodes. She was referred for MRI of the brain on 08/09/10. This study showed some mild periventricular white matter with few scattered deep white matter lesions. There is no acute or chronic hemorrhage mass effect or midline shift. The white matter disease may represent small vessel ischemic disease given the injured employee's age. There is no evidence of subdural hematoma. The bone marrow is within normal limits. Records indicate that the injured employee was also under the care of Dr. and was diagnosed with cervical, thoracic and lumbar strains.

The injured employee was also evaluated by Dr. At the time of this evaluation the injured employee had diffuse complaints of aching pains and pins and needles in the back of the head burning and aching pain across the top of the shoulders and down the back of the lumbar spine stabbing pain in the lumbar spine across the sacroiliac joint region bilaterally numbness tingling aching bother anteriorly and posteriorly aching pain and numbness in the back of both legs to the lower calf. It's reported that her pain levels are 10/10. She has a history of coronary artery disease with two stents placed in 2009. She is noted to have a medical history that included arthritis type 2 diabetes coronary disease and hypertension. On physical examination she is 5'6". She weighs 172 pounds. She has mild depression protraction of the

shoulders and mild upper thoracic kyphosis. Range of motion of the cervical spine is reduced. She has no focal motor deficits with the exception of left hand grip and left index finger pinch. She is reported to have weak reflexes graded as 1 on the biceps trace in the triceps and brachial radialis. Lower extremity reflexes are absent. Imaging studies were discussed. She is opined to have a chronic pain syndrome with diffuse non-localizing neurologic features. She was recommended to undergo EMG in both upper and lower extremities. He further recommends a spinal myelogram. The records indicate that the injured employee failed to respond to conservative treatment and has continued complaints of dizziness loss of balance gait instability headaches numbness tingling blurriness and loss of vision. Her current medication profile includes Tramadol 50mg, Meloxicam 7.5mg, Wellbutrin XL and Doxepin. The injured employee was subsequently recommended to participate in a chronic pain management program. She is noted to have undergone functional capacity evaluation with light physical demand level in a position that requires light medium. She underwent psychological testing which indicated minimal levels of depression and mild levels of anxiety.

The initial request was evaluated by Dr. PhD on 03/22/11. Dr. notes that a designated doctor evaluation dated 07/08/10 reports no abnormal physical findings. Clinical notes from Dr. indicate that the injured employee has sprain strain injuries and that she had been released to return to work. Psychological evaluation dated 03/02/11 notes the injured employee has a BDI of 11, a BAI of 13 with questionable responses on the MMPI2, which is reported to have demonstrated somatic issues and possible suicide concerns and a BHNABHI-2 noting random responses with low anxiety reported. It is later reported that her subjective cognitive issues have resolved and that there is a note of a BDI of 27 and BAI of 42. Dr. notes that the injured employee is close to her required physical demand level. She's been given release to return to work. She has problematic scores on psychological testing. Reports indicate that she has problematic scores on psychological testing and the reports note ongoing cognitive issues, which have been reported to be resolved. Dr. opines that based on the clinical information provided the request could not be considered reasonable or necessary as related to the work place event. An appeal request was submitted on 04/12/11. This was reviewed by Dr.. Dr. reports that the effects of any injury from xx/xx/xx has resolved. She notes that the injured employee had an intervening heart attack with subsequent post myocardial infarct psychological changes. She notes that the injured employee's comorbidities include hypertension, arthritis, cardiovascular disease status post stents and diabetes. It's noted in her history that she reports blurred vision that the injured employee attributes to her diabetes. She attributes her dizziness to her injury. However there is no actual evidence in the clinical file that this is related to 06/09. Dr. notes that there's been no attention to the injured employee's comorbidities or discussion of follow up with primary care physician to exclude any confounding underlying diagnosis. She notes that prior records inconsistently document deficits. It's reported that the injured employee has an increased memory loss again unexplained with no acute brain imaging findings. It's noted that the request is not consistent with the previous designated doctor evaluation performed on 07/28/10. The injured employee is noted to have an inconsistent presentation. She notes the functional capacity evaluation is of questionable validity. She finds the request to be not medically necessary and upholds the previous denial.

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

The submitted clinical records indicate that the injured employee sustained a slip and fall in which she fell backwards and has developed a myriad of subjective complaints not supported by diagnostic imaging studies. She has undergone exhaustive conservative treatment without significant improvement. The records contain conflicting data in which her BDI and BAI are in the low to mild categories and subsequently additional data, which places her in the moderate to severe categories. The injured employee has undergone FCE, which indicates that she is capable of performing activities of work in a light physical demand level. Given the lack of objective findings on physical examination and the inconsistency in the clinical records the request for Chronic Pain Management Program x 10 Days is not found by the reviewer to be medically necessary. The request is not supported by current evidence based guidelines.

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

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)