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Notice of Independent Review Decision

DATE OF REVIEW: 3/4/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of chronic pain management 5 x Wk x 2 Wks (80 hours) (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. This 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 disagrees with the previous adverse determination regarding the prospective medical necessity of chronic pain management 5 x Wk x 2 Wks (80 hours) (97799).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

According to available medical records, this individual was injured while lifting an object. He developed pain in his lower back and left inguinal area while lifting the object. He was seen in an emergency room where he was told that he had an inguinal hernia and needed surgical intervention. Records indicate that the injured worker was lost to follow-up.

In May 2009, M.D. evaluated the injured worker and noted his injury and current complaints of left inguinal pain and low back pain radiating to the left lower extremity. Diagnoses of left inguinal hernia and lumbar radiculitis were made. X-rays of the lumbar spine were recommended and did demonstrate disk space height reduction at L5-S1. Physical therapy was recommended and a surgical consultation for the inguinal hernia was recommended. It is unclear as to exactly what of those recommendations were implemented at that time.

In February 2010, a MRI of the lumbar spine showed a transitional vertebra at the lumbosacral junction, disk protrusions at L3-4 and L4-5 with no impingement on the nerve roots, and a posterior disk protrusion at L5-S1 with grade I anterolisthesis and pressure on the exiting S1 nerve roots bilaterally.

In March 2010, the injured worker was evaluated by an orthopedic surgeon. Dr. diagnosed a herniated nucleus pulposus at L5-S1 with radiculopathy. He stated that the injured worker had exhausted physical therapy and medications and recommended a lumbar epidural steroid injection and post injection physical therapy. A lumbar epidural steroid injection was performed at the L5-S1 level on April 30, 2010. One week later, a note from Dr. indicated that the injured worker had obtained "some relief from the epidural steroid injection." Continued low back pain radiating to the left lower extremity with numbness and tingling was noted. Dr. recommended electrodiagnosis, physical therapy, and anti-inflammatory medications. Dr. continued to follow the injured worker and continued to recommend electrodiagnosis.

Dr. continued to follow the injured worker along with Dr. Both physicians documented continued low back pain with radiation to the left lower extremity. Electrodiagnosis was recommended, but records indicate that electrodiagnostic studies were denied.

In October 2010, M.D. performed a Designated Doctor Evaluation indicating that the injured worker was at maximum medical improvement on September 3, 2010 with 10% whole person impairment.

In December 2010, Dr. noted that electrodiagnostic studies had been denied, but stated that the injured worker was a surgical candidate and recommended a lumbar laminectomy and micro discectomy at L5-S1 on the left side. Records indicate that the injured worker refused the surgery due to fear of the surgical procedure and possible complications.

In December 2010, the injured worker was evaluated by M.D. at a pain recovery clinic. Dr. diagnosed lumbar radiculitis, herniated nucleus pulposus of the lumbar spine, and left inguinal hernia. It was noted that the injured worker was taking Nexium, Zanaflex, and Ultram at the time of that evaluation.

In December 2010, a behavioral evaluation report was provided by LPC. This report outlined the injured worker's injury, treatment received, physical and psychological problems, and recommended that the injured worker enter a chronic pain management program.

In December 2010, a Functional Capacity Evaluation was performed indicating that the injured worker was currently functioning at a sedentary to light PDL. The report further stated that the injured worker's occupation required a heavy PDL.

The last physical exam provided in the medical record is dated January 17, 2011 and was performed by Dr.. He indicated that the injured worker was afraid of surgery. He had lower back pain with soreness and stiffness and pain radiating down the left lower extremity with associated numbness and tingling. A "highly positive" straight leg raise was noted on the left. Sensory deficits along the left shin and foot were described. Dr. recommended a second lumbar epidural steroid injection, but this was denied.

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

Medical records were reviewed for this worker who injured his back and sustained an inguinal hernia in a work related accident on. Recent records indicate that the injured worker has received extensive conservative treatment including at least four weeks of physical therapy, a TENS unit, modalities including warm and cold compresses, a lumbar epidural steroid injection, and multiple medications including analgesics, anti-inflammatory medications, and muscle relaxers. Electrodiagnostic studies were requested, but denied. Surgery was recommended, but refused by the injured worker. A second lumbar epidural steroid injection was recommended, but denied.

This injured worker has a chronic pain syndrome which has persisted for more than x years post injury. He has received extensive conservative treatment including at least four weeks of physical therapy, medications, and lumbar epidural steroid injections. Electrodiagnostic studies were recommended, but denied. A second lumbar epidural steroid injection was recommended, but denied. Surgery was recommended, but refused by the injured worker. He is now dependent on health care providers for relief of his chronic pain syndrome. His pre-injury function has not been restored and he now has psychosocial sequelae which interfere with his functioning. These sequelae include anxiety, depression, and a sleep disorder. He continues to use prescription medications without lasting or significant improvement in pain or function. He has had extensive treatment and a recommended lumbar epidural injection has been denied. He has refused surgery due to fear of complications.

At this point, it appears that he has exhausted available, more conservative treatment options.

A thorough multidisciplinary evaluation has been provided including a physician evaluation, a MRI, a psychological evaluation, and a Functional Capacity Evaluation. Electrodiagnostic studies were recommended, but denied by the carrier. Repeat lumbar epidural steroid injections were recommended, but denied by the carrier. There is no indication that this injured worker has addiction as an identified problem. Psychological testing has been performed to identify areas that need to be addressed in the program and these are well documented in the medical record.

There is documentation in the medical record that the injured worker is motivated to improve and is willing to forego secondary gains in order to make that improvement. Negative predictors of success including such factors as pain focus, poor coping strategies, anxiety, depression, decreased endurance, and extensive medication use have been identified and goals have been established to address these issues. Goals and a treatment plan have been

outlined by the chronic pain management provider and do identify desired outcomes including capability to return to work. A multidisciplinary treatment program appears necessary to address the injured worker's physical, psychological, and functional problems.

This injured worker meets criteria for 80 hours of a chronic pain management program; therefore, the requested service is medically necessary.

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)