

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/13/2011

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 Medicine and Rehabilitation
Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines
MRI lumbar spine dated 01/03/07
MRI cervical spine dated 01/26/07
EMG/NCV study dated 02/12/07
MRI left knee dated 05/09/07
MRI shoulder dated 05/23/07
MRI cervical spine dated 11/12/07
MRI lumbar spine dated 11/12/07
Clinical records Dr. dated 01/14/10, 12/13/10, 04/04/11, 06/20/11
Clinical records Dr. dated 02/16/10
pain management evaluation and treatment request dated 04/18/11
Functional capacity evaluation dated 06/23/11
Mental health diagnostic screening dated 07/15/11
Pain management individualized daily treatment plan dated 07/26/11
Letter of medical necessity dated 08/10/11
Utilization review determination dated 07/28/11
Utilization review determination dated 08/24/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who has date of injury of xx/xx/xxxx. She is reported to have slipped and fallen while at work landing primarily on her left side. She had pain in neck and reported paresthesias into arms and low back pain with left greater than right symptoms. The claimant was referred for MRI of lumbar spine on 01/03/07 which showed 4 mm right foraminal disc herniation with radial tear at L3-4, moderate facet joint arthrosis at L4-5 with subluxation of L4 and L5, mild canal stenosis throughout without foraminal encroachment, and 3 mm annular disc bulge flattening the thecal sac, facet joint arthrosis and mild bilateral foraminal narrowing. MRI of cervical spine performed on 01/26/07 notes mild narrowing of right neural foramen at C3-4. At C4-5 there is an annular disc bulge flattening the thecal sac. At C5-6 there is a 4mm left parasagittal disc herniation affecting the thecal sac and flattening

the cervical cord with mild canal stenosis. At C6-7 there is a 5 mm left parasagittal and foraminal disc herniation with spondylosis flattening the cervical cord as well as left C7 nerve root sleeve. The claimant was referred for EMG/NCV on 02/12/07. The upper extremity sampling revealed acute irritability in bilateral C6 and C7 motor roots. Lower extremities demonstrated acute irritability in the bilateral L3, L4, L5 and S1 nerve roots with some involvement of sacral nerve roots.

On 05/09/07 the claimant underwent MRI of left knee which showed degenerative osteoarthritis of medial compartment of knee with marginal spurs of medial aspect of medial tibial and femoral condyles, medial displacement of medial aspect of medial meniscus outside of interface between the medial and tibial and femoral condyles with laxity of medial collateral ligament. MRI of left shoulder was performed on 05/23/07 and is reported to be normal. The claimant underwent repeat MRI of cervical spine on 11/12/07. This study has no significant changes. MRI of lumbar spine performed on 11/12/07 again shows no significant changes when compared to prior study. On 01/14/10 the claimant was seen by Dr. She is noted to have undergone multiple designated doctor evaluations. All found she was not at maximum medical improvement. She was evaluated by an orthopedic surgeon and recommended to undergo cervical and lumbar surgery. She is to be followed by Dr. for medical management. She complains of severe low back pain with radiation of bilateral lower extremities with bilateral lower extremity numbness and no focal weakness. She was subsequently provided prescription for Hydrocodone for pain control, Ambien for pain related insomnia and Zoloft for pain related depression, and Detrol LA for urinary incontinence. She was recommended to have baseline drug screen. On 02/16/10 the claimant was seen by Dr. Dr. notes the claimant has positive Spurling's, positive Lhermitte's, hypoesthesia in C5, C6 and C7 dermatomes on left and C6 on right. Reduced cervical range of motion was noted. She is able to walk on heels and toes. She has positive tension sign on left, positive slump test on left. She has hypoesthesia to pinprick in left L5 and S1 and right S1 dermatomes. She is reported to have cauda equina syndrome, which cannot be reversed with surgery at this late date. Dr. notes it is possible to prevent further damage to cervical cord with surgery. The claimant is quite clear she does not wish to proceed with surgery. Dr. recommends against additional diagnostic studies and recommends she participate in chronic pain management program. On 12/13/10 the claimant was seen in follow-up by Dr. She continues to have neck and low back pain. She has continued complaints of urinary incontinence. Dr. recommends participation in chronic pain management program. The claimant was seen in follow-up on 04/04/11 by Dr. This time he notes the claimant has undergone designated doctor evaluation by Dr. The claimant was allowed to return to work with restrictions. She was continued on oral medications for pain control and urinary incontinence. She again is recommended to undergo chronic pain management program which includes extensive physical therapy with psychological component. On 06/20/11 the claimant was seen in follow-up by Dr. He notes the claimant is pending functional capacity evaluation which was performed on 06/23/11. It is reported her current physical demand level is sedentary and job requires light physical demand level. On psychological evaluation the claimant is noted to have BDI of 15 and BAI of 16 indicating mild to moderate depression and mild anxiety. The record includes an individualized chronic pain management daily treatment plan.

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

The submitted clinical records indicate this woman sustained injuries to her cervical and lumbar spine as result of a slip and fall at work. The available clinical records clearly indicate the claimant has objective pathology about the cervical and lumbar spine with correlating EMG/NCV studies noting the presence of cervical and lumbar radiculopathies. She has been evaluated for surgery, which she has declined. As such, the claimant has chronically maintained on oral medications with clear evidence of de-conditioning. Based on the submitted clinical records there is sufficient data to justify this tertiary level program given the claimant is not a candidate for surgical intervention and continues to have objective signs of pathology, which have largely been treated with oral medications. The available data is sufficient to establish the claimant would benefit from this program, and therefore, the reviewer finds there is a medical necessity for Chronic Pain Management Program x 10 days.

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)