



14785 Preston Road, Suite 550 | Dallas, Texas 75254
 Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 3/04/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CHRONIC PAIN MANAGEMENT PROGRAMM X 80 HOURS

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

D.O. Board Certified in Anesthesiology and 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

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	2/13/2012
Adverse Determination Letters	1/10/2012-1/23/2012
Request for Reconsideration	1/16/2012-2/16/2012
Pre- Authorization Request	1/02/2012
Behavioral Evaluation Report	11/17/2011
Work Capacity Evaluation	11/17/2011
Electrodiagnostic Evaluations	8/26/2011-9/09/2011
MRI Cervical Spine Report	5/05/2011
Initial Evaluation	12/23/2011



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PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female who was injured at work on xx/xx/xx when she slipped on a wet floor, hit her head, and injured her neck and her lower back. Patient continues to complain of neck and back pain, and reports her pain score to be 6/10 on VAS score. Patient had multiple studies including X-ray, MRI of cervical spine, FCE, EMG of upper and lower extremities and Behavioral Evaluation. Patient has a PARIS score of 70 (impairment), BDI of 16 (Moderate Depression), and a BAI score of 26 (Moderate Anxiety). EMG of upper extremities done 8/26/2011 showed electrophysiological evidence most consistent with an active radiculopathy process involving right C8/or T1 nerve root level. Upon comparison there is relatively inactive radiculopathy process about the left C8/T1 root level. MRI of cervical spine performed on 5/5/2011 showed near straightening of the usual cervical lordosis, C3-C4 shows 1-2 mm concentric annular bulge, and no focal herniation. EMG of lower extremities done on 9/9/2011 showed there is electrophysiological evidence most consistent with active lumbosacral radiculopathy process involving bilateral S1 nerve roots, no evidence of re-innervation of S1 nerve root. Patient has been treated with Physical Therapy, Massage Therapy, TENS unit, and pain meds.

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

Patient had EMG of both upper and lower extremities which showed physiological evidence of radiculopathy. MRI of cervical spine is essentially negative, no MRI of lumbar spine was performed, and no interventional pain treatment was performed or attempted. Per ODG, a chronic Pain Management Program is not certifiable, since lower levels of diagnosis and treatments have not been exhausted.



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**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