Notice of Independent Review Decision

DATE OF REVIEW: 02/28/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 Hours of Chronic Pain Management Program

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

Board Certified in Physical Medicine & 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)

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 – OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Initial Medical Report, Pain & Recovery Clinic, 06/01/11
- Dorsal Spine MRI, Diagnostic, 06/24/11

- Evaluation, Orthopedic Group, 08/07/11, 09/26/11, 11/14/11
- Lumbar Spine MRI, Diagnostic, 09/07/11
- Work Capacity Evaluation, Functional Testing, 11/17/11
- Behavioral Evaluation Report, M.A., L.P.C., 11/17/11
- Required Medical Examination (RME), M.D., 12/13/11
- Pre-Authorization Request, Pain & Recovery Clinic, 12/16/11
- Request for Pre-Authorization Surgery, 12/22/11
- Denial Letters, 12/23/11, 01/18/12
- Correspondence, Pain & Recovery Clinic, 02/10/12
- Request for Reconsideration, Pain & Recovery Clinic, 01/06/12
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The records available for review indicated that on the date of injury, the patient was at work when a pipe reportedly rolled up upon him and pushed him against a machine. The patient did sustain a crush injury to the chest and abdominal region. There was a reported loss of consciousness.

The patient was evaluated by Dr. on 06/01/11. The assessment was notable for the fact that the patient was reportedly hospitalized at Hospital for approximately ten days. Surgery was required at that time to repair a laceration to the liver. On that date, he was with symptoms referable to the cervical spine, low back region, chest, and right rib cage region. It was recommended that he undergo a CT scan of the chest and x-rays of the cervical spine, thoracic spine, and chest. It was also recommended a cervical MRI scan and thoracic MRI scan be accomplished. The patient was provided a prescription for Zoloft and Ambien.

A thoracic MRI scan was obtained on 06/24/11. The study disclosed findings consistent with left posterior lateral protrusions at the T4-T5 and T6-T7 levels. There were no signal changes in the thoracic spinal cord.

The patient was evaluated by Dr. on 08/04/11. On that date he was with symptoms of cervical pain. He was also with symptoms of low back pain that radiated to the left lower extremity. It was recommended that a lumbar MRI scan be accomplished.

A lumbar MRI scan was obtained on 09/07/11. The study disclosed findings consistent with a disc protrusion at the L5-S1 level with bilateral contacting of the S1 nerve root in the lateral recesses. There was also evidence for moderate bilateral foraminal stenosis at the L5-S1 level.

Dr. reassessed the patient on 09/26/11, at which time it was recommended a lumbar epidural steroid injection (ESI) be accomplished.

On 11/14/11 Dr. assessed the patient, and it was noted that a lumbar ESI had not been accomplished as the patient was concerned about elevation of blood sugars with such treatment. Thus, Dr. recommended surgery in the form of a decompression at the L5-S1 level.

A Functional Capacity Evaluation (FCE) was accomplished on 11/17/11. The study was described as a valid study. The study indicated that the patient was capable of sedentary-light work activities. It was documented that his pre-injury job activity level was at a heavy duty nature.

A Behavioral Evaluation Assessment was accomplished on 11/17/11. Upon completion of the assessment, it was felt that the patient was an appropriate candidate for treatment in the form of a comprehensive pain management program.

The patient was evaluated by Dr. on 12/13/11. The physician performed a Required Medical Examination (RME). The evaluation was notable for the fact that in review of records, a CT scan of the abdomen and pelvis had been accomplished after a surgical procedure had been performed to the abdomen, which revealed findings consistent with hemoperitoneum. It was documented that the patient had a laceration of the liver which required repair. Additionally, this physician indicated that the patient sustained a right T10-T11 transverse process fracture. A CT scan of the chest had been accomplished after the injury occurred, which revealed findings consistent with a right lower lobe pulmonary contusion. A chest tube was required for treatment of that condition. The patient was also diagnosed with a right rib fracture. The physician indicated that the patient had received at least eleven sessions of physical therapy by 06/27/11. The physician also documented a concern with respect to symptom magnification.

A letter was available for review from the Pain and Recovery Clinic dated 12/16/11, at which time it was recommended that the patient receive access to a comprehensive pain management program. It was documented that approval was not given for such a program per a document dated 12/22/11.

A document as available for review dated 01/06/02 from the Pain and Recovery Clinic at which time it was recommended that the patient receive access to treatment in the form of a comprehensive pain management program.

A document was available for review dated 01/18/12, which indicated that such a program was not approved by the insurance carrier.

The records available for review do indicate that the patient reportedly received six sessions of individual psychological counseling. Reportedly the patient was also approved for lumbar spine surgery, but the patient had declined pursuit of such surgery.

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

Based upon the records available for review in this specific case per criteria set forth by Official Disability Guidelines, an attempt at 80 hours of a comprehensive pain management program would be considered reasonable and appropriate in this specific case. There is documentation of chronic pain symptoms. A significant injury was sustained to the physical structures of the body on the date of injury. There has been attempt at lesser levels of care to include treatment in the form of physical therapy as well as individual counseling. The records available for review indicate that a past Functional Capacity Evaluation revealed that the claimant was not capable of return to pre-injury work activities, and the study appears to be a valid study.

Per criteria set forth by Official Disability Guidelines, an attempt at a compressive pain management program would be considered the last attempt in treatment in an effort to restore functional capabilities for the described medical situation. In this specific case, an attempt at a comprehensive pain management program would appear reasonable and appropriate in this specific case, and it would be very important to monitor the following issues with respect to participation in a comprehensive pain management program: Compliance with attendance in the program, documentation of a decrease in medication utilization, documentation of an improvement in functional capabilities, as well as documentation to indicate that return to work issues are being addressed.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**