



Notice of Independent Review Decision - WC

DATE OF REVIEW:

08/08/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 Hours of Chronic Pain Management Program (10 Sessions)

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.

80 Hours of Chronic Pain Management Program (10 Sessions) – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office Visits, 05/07/12, 05/31/12, 08/07/12, 08/28/12, 10/05/12, 11/06/12, 01/31/13, 04/18/13
- Electrodiagnostic Studies, 06/22/12
- Operative Report, 07/27/12
- Lumbar MRI, 01/22/13
- Evaluation, 01/28/13
- Lumbar Spine MRI, 04/27/12

- Behavioral Evaluation Report, 05/24/13
- Work Capacity Evaluation, Functional Testing, 05/24/13
- Pain Management Consultation, 05/31/13
- Pre-Authorization, 06/06/13
- Denial Letters, 06/13/13, 07/03/13
- Request for Reconsideration, 06/25/13
- Correspondence, 07/24/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The records available for review indicate that on the date of injury the patient developed a difficulty with symptoms of low back pain with radiation to the left lower extremity.

The patient was evaluated on 05/07/12. On this date, it was recommended that the patient receive access to treatment in the form of a lumbar epidural steroid injection (ESI).

Prior to an assessment, a lumbar MRI was accomplished on 04/27/12. This study revealed findings consistent with the presence of a large left paracentral L4-L5 disc protrusion with mass effect on the left L5 nerve root. There was also evidence degenerative disease at the L2-L3 and L3-L4 disc levels.

The patient was re-evaluated on 05/22/13. It was documented that treatment in the form of a lumbar ESI did not provide benefit to the patient. It was also documented that an electrodiagnostic assessment had been accomplished, which revealed findings consistent with a left-sided radicular injury. It was recommended that the patient undergo surgical intervention to the lumbar spine.

On 07/27/12, surgery was performed to the lumbar spine. Surgery consisted of a lumbar laminectomy and discectomy at the L3-L4 level. The surgery was performed.

The patient was re-evaluated on 08/28/12. It was recommended that the patient receive access to treatment in the form of physical therapy three times per week for four weeks.

On 11/06/12, evaluated the patient, at which time it was documented that the patient had received access to treatment in the form of physical therapy, which did "help a little bit." It was documented that the patient had utilized Neurontin, and the Neurontin did not provide much benefit to that patient.

A lumbar MRI was accomplished on 01/22/13. This study showed no findings worrisome for a significant focal disc abnormality at the L5-S1 level. There was evidence for disc space desiccation at the L2-L3, L3-L4, and L4-L5 levels.

evaluated the patient on 01/31/13. It was recommended that the patient receive access to treatment in the form of a lumbar ESI.

On 04/18/13, the patient returned for an evaluation. It was documented that the patient had undergone a Designated Doctor Evaluation (DDE) and it was documented that the patient had been placed at the level of Maximum Medical Improvement (MMI). It was also documented that the patient was enrolled in a DARS program. It was recommended that the patient undergo a lumbar ESI.

A behavioral health evaluation assessment was accomplished on 05/24/13. On this date, the patient was with symptoms of pain described as 7 on a scale of 1 to 10. It was documented that previous treatment had included physical therapy, utilization of a TENS unit, therapeutic massage, and one lumbar ESI. It was recommended that treatment be considered in the form of a comprehensive pain management program.

A Functional Capacity Evaluation (FCE) was obtained on 05/24/13. It was documented that the patient's pre-injury occupation was of a heavy duty nature. The FCE revealed that the patient was capable of light/medium duty work activities.

A letter is available for review from the Clinic dated 06/06/13. It was recommended that the patient receive access to treatment in the form of a comprehensive pain management program.

A letter is available for review from the Clinic dated 06/25/13. This letter requested reconsideration for treatment in the form of a comprehensive pain management program.

On 07/24/13, a letter was submitted for review from the Clinic. This letter requested that consideration be given for treatment in the form of a comprehensive pain management program.

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

In this specific case, for the described medical situation, the Official Disability Guidelines (ODG) would not support a medical necessity for treatment in the form of a comprehensive pain management program. In this particular case, the above noted reference would not support this specific request to be one of medical necessity as specifics are not provided with respect to the amount and type of physical therapy previously provided to the claimant. Additionally, it would not appear that an exhaustive effort at lesser levels of care has been attempted. The records available for review do not indicate that there has been an attempt at any type of out-patient psychological counseling. The records available for review also do not indicate that there has been a recent increase/escalation in utilization of prescription medication utilization. It is documented that the claimant was already enrolled in a DARS program, and as such it would appear that return to work issues have previously been addressed. The records available for review do not indicate that all lesser levels of care have been exhausted. As such, in this particular case, based upon the records available for review, the medical necessity for treatment in the form of a comprehensive pain management program is not established in this specific case per the criteria set forth by the above noted reference.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**