



Medwork Independent Review

5840 Arndt Rd., Ste #2
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

Date: August 21, 2013

DATE OF REVIEW: 8/21/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 80 hours (lumbar)

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

Texas State Licensed Psychologist.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Dept of Insurance Assignment to Medwork 8/1/2013,
2. Notice of assignment to URA 7/30/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 8/1/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 7/31/2013
Request for reconsideration of review determination 7/29/2013, request for reconsideration of authorization for program 7/24/2013, request for certification of medical services 7/10/2013, request for program 7/3/2013, psychological testing and assessment report 6/25/2013, follow-up with physician 6/25/2013, oswestry low back pain disability questionnaire 6/18/2013, assessment/evaluation for chronic pain management program 6/18/2013, chronic pain management interdisciplinary plan & goals of treatment 6/18/2013, physical performance evaluation 6/18/2013, pre-surgical psychological evaluation 9/27/2012, patient face sheet 9/27/2012.

PATIENT CLINICAL HISTORY:



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The injured employee reportedly sustained an injury on xx/xx/xx. She is a female who complains of low back pain. She was reportedly injured when she slipped and fell at work. She has had diagnostics, physical therapy, two injections, back surgery on 11/13/12, psychotherapy, and medications for her injury. She rates her pain as 8/10. She has fear avoidance scores of 29/24, a Beck Depression Inventory score of 24, and a Beck Anxiety Inventory score of 13. These scores are lower than scores she obtained prior to surgery. She is reportedly functioning within a medium physical demand level and has a required physical demand level of medium. It is not clear if she has attempted to return to work in any capacity or if she still has her job. The records indicate that all treatment has been exhausted and they are now requesting that she participate in a chronic pain management program to increase her physical functioning level, decrease her medications, and manage her psychological symptoms to return to work.

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

The injured employee is reporting ongoing significant pain as a result of her injury at work. She has had treatment for her symptoms and her doctor is considering her to be a candidate for a chronic pain management program. While there are some psychological symptoms present, her scores are lower now than prior to her surgery. Her progress in psychotherapy is not well outlined and there is little information about her attempts to return to work, if there were any, and why she cannot work if she is within her required physical demand level. Attempts at reducing her medications are not outlined in the information so it is not clear if attempts have been made. Based on the available information, the request for 80 hours of a chronic pain management program cannot be established as reasonable and necessary, per ODG guidelines.

The denial of these services is upheld.

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 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



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- 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)**

REFERENCES:

1. Flor H, Fydrich T, Turk DC. Efficacy of multidisciplinary pain treatment centers: a meta-analytic review. *Pain*. 1992 May;49(2):221-30.
2. Gallagher RM. Treatment planning in pain medicine. Integrating medical, physical, and behavioral therapies. *Medical Clinics of North America*. 01-May-1999; 83(3): 823-49, viii.
3. Guzman J, Esmail R, Karjalainen K. et al. Multidisciplinary Rehabilitation for Chronic Low Back Pain: Systematic Review. *BMJ* 2001;322:1511-1516.
4. Gross DP, Battie MC. Predicting timely recovery and recurrence following multidisciplinary rehabilitation in patients with compensated low back pain. *Spine*. 2005 Jan 15;30(2):235-40.
5. Sullivan MJ, Ward LC, Tripp D, French DJ, Adams H, Stanish WD. Secondary prevention of work disability: community-based psychosocial intervention for musculoskeletal disorders. *J Occup Rehabil*. 2005 Sep;15(3):377-92.
6. Dysvik E, Natvig GK, Eikeland OJ, Brattberg G. Results of a multidisciplinary pain management program: a 6- and 12-month follow-up study. *Rehabil Nurs*. 2005 Sep-Oct;30(5):198-206.
7. Schonstein E, Kenny D, Keating J, Koes B, Herbert RD. Physical conditioning programs for workers with back and neck pain: a cochrane systematic review. *Spine*. 2003 Oct 1;28(19):E391-5
8. Sanders SH, Harden RN, Vicente PJ. Evidence-Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Nonmalignant Pain Syndrome Patients. World Institute of Pain, *Pain Practice*, Volume 5, Issue 4, 2005 303–315.
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10. Buchner M, Zahlten-Hinguranage A, Schiltenwolf M, Neubauer E. Therapy outcome after multidisciplinary treatment for chronic neck and chronic low back pain: a prospective clinical study in 365 patients. *Scand J Rheumatol*. 2006 Sep-Oct;35(5):363-7.
11. Patrick LE, Altmaier EM, Found EM. Long-term outcomes in multidisciplinary treatment of chronic low back pain: results of a 13-year follow-up. *Spine*. 2004 Apr 15;29(8):850-5.