



## Medwork Independent Review

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

**DATE OF REVIEW:** 1/27/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic pain management program, 80 hours.

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

Texas State Licensed MD Board Certified Physical Medicine & Rehabilitation/Pain Medicine Physician

**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**

**PATIENT CLINICAL HISTORY:**

The patient was injured on xx/xx/xx. He slipped. Diagnostics have included a lumbar MRI obtained June 19, 2012, which was a postsurgical MRI to further evaluate his continued pain. This showed findings consistent with decompression of the right-sided lamina at L4-L5. On March 16, 2012, he had his decompressive surgery, L4-L5.

Diagnostics also have included electrodiagnostics, including an EMG on November 29, 2012, revealing negative presence of a radiculopathy. He was treated appropriately initially with conservative management, including analgesics, physical therapy, and epidural injections, and because he had failed this, he had moved on to more aggressive measures, such as the decompressive laminectomy as described.



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The patient had an FCE on November 25, 2013, indicating he was capable of sedentary light-duty work, and this is far from his pre-injury physical-demand level of heavy duty. BDI score was 33, and BAI score was 31.

Because he had failed multiple treatments, both conservative and surgical, he had been recommended to move forward with a chronic pain management program to help him with potentially finding gainful employment outside of his current job, as he was terminated from his job.

He was under the care of a physician, and had continued to await ruling on whether or not he would be a candidate for further surgery. This is documented several times in rebuttal reports from his chiropractor.

He had an evaluation completed, which suggested that he met criteria per ODG to move forward with a chronic pain management program to help him forward beyond his injury.

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

The denial letters and the reasons for their denial have been reviewed. However, some of the more pressing issues here include the fact that the patient has been off of work, and this is a negative predictor. Although this is a negative predictor, there were reasons for this, per documentation provided by the chiropractor, including that the patient was awaiting further determination by his spine surgeon, to move forward with potentially additional surgery. While this is a long time to wait, certainly it is not unreasonable to wait and trial different other conservative measures after surgery. The other pressing issue is why the patient had not been treated with antidepressants and suggests in her letter of January 2, 2014, that the patient simply denied this type of medication and that psychological treatment and therapy were recommended but denied.

A physician had mentioned, as did another physician that the patient is very motivated to get back to work, have gainful employment, and move past the injury. He had been terminated from his previous position. At this time, it would be appropriate to state that it would be reasonable to move forward with a trial phase of a chronic pain management program for 80 hours and per ODG, and if he is meeting requirements and progressing well, then potentially another 80 hours would be considered reasonable with the goal of more than just reducing continued pain but to enroll him back into the workforce, potentially below a physical demand level of heavy.

For these reasons, upon independent review, the reviewer finds that the previous adverse determinations are overturned and the patient should be approved for a chronic pain management program, 80 hours.

The denial of services is overturned.



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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 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)