

# True Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Dec/17/2013

**IRO CASE #:**

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

Pain Management Program for 10 days 5 X a week X 2 weeks for 4 hours per day a total of 40 hours

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

Board Certified PM&R  
Board Certified Pain Medicine

**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 medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
MRI of the lumbar spine dated 02/10/10  
Electrodiagnostic studies completed on 10/14/10  
Psychological evaluations dated 03/08/11 & 03/17/11  
Clinical note dated 03/22/12  
Operative report dated 05/14/12  
IRO dated 12/02/13  
Left hip arthrogram dated 09/24/12  
Electrodiagnostic studies dated 10/29/12  
MRI of the lumbosacral region dated 04/30/13  
Clinical note dated 06/03/13  
Required medical evaluation dated 07/11/13  
Clinical note dated 07/16/13  
Clinical note dated 07/22/13  
Clinical note dated 08/07/13  
Clinical note dated 08/13/13  
Medical records review dated 08/26/13  
Clinical note dated 09/19/13  
Clinical note dated 10/01/13  
Functional capacity evaluation dated 10/07/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding his low back. The psychological evaluation completed on 03/17/11 indicates the patient experiencing no emotional issues. All of the patient's psychological tests indicate the patient having fallen within normal limits. The clinical note dated 03/22/13 indicates the patient stating the initial injury occurred when he twisted, put his left foot down, and stepped away, the patient stated the left side of the low back gave way and he collapsed. The patient reported a sudden stinging pulsating pain in the low back with a pulling sensation in the left lower extremity. The note indicates the patient having undergone an MRI and x-rays. Subsequent to the injury, the patient underwent 2 epidural steroid injections which provided no significant benefit. The patient was recommended for a surgical intervention at that time. The note indicates the patient rating the pain as 6-8/10. The operative report dated 05/14/12 indicates the patient undergoing a laminectomy on the left at L4-5 and L5-S1. The left hip arthrogram dated 09/24/12 indicates a large lateral osteophyte involving the left acetabulum. The electrodiagnostic studies completed on 10/29/12 revealed abnormal latencies, amplitudes, and velocities in the peroneal motor nerves bilaterally. Abnormal EMG findings further suggested a nerve root compression at the L5 level bilaterally consistent with the patient's L5 radiculopathy. The MRI of the lumbar spine dated 04/30/13 revealed the hemilaminectomy at the L4-5 level. A moderate focal left lateral disc protrusion was noted at L3-4. A hemilaminectomy was further noted at L5-S1. Degenerative disc disease was noted at L1-2. The clinical note dated 06/03/13 indicates the patient having undergone a 2nd opinion of the MRI. This was noted to result in multi-level disc degeneration with moderate disc bulges. Mild central stenosis was noted at L3-4 and L4-5. Mild retrolisthesis of L4 was noted on L5 of 3-4mm. The required medical evaluation dated 07/11/13 indicates the patient having reached maximum medical improvement. The patient was also awarded a 90% whole person impairment at that time. The clinical note dated 07/16/13 indicates the patient complaining of low back pain with radiating pain to the left thigh and knee. The patient was recommended for physical therapy at that time. The clinical note dated 07/22/13 indicates the patient able to demonstrate 40 degrees of lumbar flexion, 15 degrees of extension, 20 degrees of left lateral flexion, 15 degrees of right lateral flexion, and 15 degrees of bilateral rotation. The clinical note dated 08/07/13 indicates the patient continuing with radiating pain from the low back into the left thigh and calf muscle. Tenderness was also noted throughout the lumbar paraspinal segments. The patient was noted to have a positive straight leg raise. The clinical note dated 08/13/13 indicates the patient having undergone an epidural steroid injection at the L4-5 level on the left. This resulted in a 20% improvement regarding the patient's pain level. The patient rated the pain as 3.5/10. Upon exam, the patient was able to demonstrate 4.5/5 strength at the iliopsoas and the quadriceps on the left. The clinical note dated 09/19/13 indicates the patient complaining of 4/10 pain. The note indicates the patient utilizing Etodolac for pain relief. The clinical note dated 10/01/13 indicates the patient continuing with low back pain with radiating pain to the left lower extremity. The patient stated that he was struggling with his daily routine and sleeping approximately 4-5 hours each night. The patient stated the pain worsens throughout the day. The patient was noted to have moderate anxiety regarding his ability to continue working. The patient was noted to have positive coping skills. The functional capacity evaluation completed on 10/07/13 indicates the patient continuing with constant low back pain with radiating pain into the left thigh. The patient was able to demonstrate a sedentary light physical demand level secondary to the severe levels of pain and decreased function in the lumbar spine.

The utilization review dated 08/27/12 resulted in a denial for a chronic pain management program as no information was submitted confirming the patient's progress through the initial course of a chronic pain management program.

The utilization review dated 11/25/13 resulted in a denial for a chronic pain management program as no information was submitted confirming the patient's likely benefit from an additional segment of a chronic pain management program.

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

The documentation submitted for review elaborates the patient complaining of low back pain with radiating pain to the lower extremities. The patient is noted to have completed an initial segment of a chronic pain program. However, no objective data was submitted confirming the patient's progress through the initial course of treatment. No information was submitted regarding the patient's functional improvements or improvements noted with the patient's psychological status. Given these findings, the request does not appear to be indicated for this patient at this time. As such, it is the opinion of the reviewer that the request for a pain management program for 10 days, 5 x a week x 2 weeks for 4 hours per day for a total of 40 hours is not recommended as medically necessary.

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

ACOEM-AMERICA 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)