



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 9/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of chronic pain management, 80 hours.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehab.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of chronic pain management, 80 hours.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker is a male who sustained a work related injury on xx/xx/xx. Following the injury, he noted ringing in his ears, loss of hearing, and pain in his cervical spine and lower back. He apparently was seen by several treating physicians

including his primary care physician. He was referred to a Worker's Compensation provider and, as far as I can tell, has been treated.

Available medical records are limited. The records that I do have indicate that an MRI of the lumbar spine taken on December 14, 2013, was essentially normal. An MRI of the cervical spine reportedly showed small disk herniation at the C5-6 and C6-7 levels with mild canal stenosis at C6-7. The exact treatments and numbers of treatments received by this injured worker are not clear from records presented for review.

Apparently, he was treated with several medications and most recently had been treated with Flexeril and Tramadol. He, according to records, was treated in a work conditioning program and received sessions of individual psychotherapy. There are somewhat conflicting statements in the medical records as to the results of treatment. It is clear that the injured worker continues to have cervical and lumbar pain which he describes as 7/10 on a Visual Analog Scale. He reportedly completed his psychotherapy sessions but made minimal progress due to poor coping skills, anxiety, depression, and chronic pain. Records, however, indicate that there was a significant reduction in his Beck Depression Inventory, decreasing from 36 to 18 and in his Beck Anxiety Inventory, decreasing from 37 to 13. The records from treating providers indicate that the injured worker continues to report fear, instability, anger, inadequacy, frustration, impatience, and irritability due to pain and high stress in all areas of life.

There is a mention of cervical epidural steroids in notes dated April 25, 2014 and May 22, 2014, but there is no indication that these were ever received. There is also an indication that an EMG of the upper extremities was under consideration. This notation occurs in an undated note which I was provided. The request for a chronic pain management program clearly states that no further evaluation or treatment processes are planned.

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

According to available records, this worker was injured in a work related accident on xx/xx/xx. Injuries included injury to the cervical and lumbar spine as well as injuries to his hearing and tinnitus. He has been evaluated with MRI studies of the cervical and lumbar spine. The cervical spine studies showed two protruding disks with only mild cervical spinal stenosis and no mention of lateral recess stenosis. The lumbar spine findings were said to be normal. The injured worker, however, has continued to experience high levels of pain which, according to recent records, are still in the 7/10 range on a Visual Analog Scale. He has undergone therapies, but the number and extent of those therapies is unclear in available medical records.

Apparently, he did have psychotherapy which reduced significantly his anxiety and depression and a work conditioning program. The results of the work conditioning program are not clear, but the injured worker is now functioning at a light to medium PDL. Although he

apparently has made significant progress in the therapy provided, he remains significantly impaired. stresses the importance of further psychotherapy in order to help the injured worker cope with issues of chronic pain and to help him increase physical function. He has responded favorably to psychotherapy in the past but did not reach the desired end point with the therapy provided. He has expressed a desire to return to work, but has a fear that he may not be able to reach the medium to heavy PDL required for the job he normally performs. There have been no negative predictors of success that have not been addressed.

Previous reviewers have denied the request for chronic pain management for a variety of reasons. One stated that psychological deficits were only in the mild range and this did not warrant a chronic pain management program. Unfortunately, although the injured worker has made progress with the psychotherapy provided, he continues to have disabling psychological issues which could be addressed by an interdisciplinary chronic pain management program. The second adverse determination was based on the opinion that there was no documented vocational goal. The injured worker, however, according to the records I saw, does want to return to work, but fears that he may not be able to meet the medium to heavy requirements of his previous job. A chronic pain management program would help to sort through this problem and possibly allow him to return to the job he wants to return to as a truck driver. The second reviewer also stated that not all diagnostic procedures had been performed. It appears from available medical records presented to me, however, that the injured worker has been evaluated physically and has had MRI studies. No further evaluation or treatment processes are planned for the injured worker.

From available medical records, it appears that this injured worker has been evaluated and treated for his pain and psychological dysfunction. He has not yet reached the point where he can return to work although he reportedly desires to do so. It is my opinion that the injured worker does meet ODG requirements for medical necessity for a chronic pain management program, 80 hours.

VI. Reference:

ODG Treatment Guidelines

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)