

# Vanguard MedReview, Inc.

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**IRO CASE #: XXXX**

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

Chronic Pain Program 3 x week for 10 sessions total of 80 units

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

This case was reviewed by a Board Certified Doctor of Anesthesiology with over 10 years of experience

## **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

XXXX: Visit Notes by XXXX, NP. **HPI:** The patient presents today with hit left hip against metal bar. XX is a XX year old XX who presents today with c/o left hip pain that is radiating down XX leg. Pt states that this morning at 0400, XX was XXXX and felt a pain in XX left hip and since then has felt pain running down XX leg. Pt has not treated XX in any way. XX is a XXXX. **Physical Exam:** Hip Exam: Appearance is normal. Gluteus maximus, sciatic notch and sacroiliac joint. Palpation normal. Full ROM. Tone is normal. Neurovascular function intact. **Assessment:** 1. Strain of left hip and thigh 2. Sciatica, left. **Plan:** 1. Start: Cyclobenzaprine HCl 10mg oral tablet; 14 days 2. Start: Ibuprofen 800mg oral tab 1 tab 3 times daily after meals for 10 days.

XXXX: Visit Notes by XXXX, NP. **HPI:** Pt presents for follow up on XX hip and back. Pain radiating from the hip/back down the left leg. Pt states XX left knee hurts a lot when this begins to ache. Pt states that the medications are helping somewhat and XX is taking them as prescribed. Pt has not been able to work as XX has not been able to abide by the restrictions. **Physical Exam:** Appearance is normal. Gluteus maximus, sciatic notch and sacroiliac joint. Palpation normal. Full ROM. Tone is normal. Neurovascular function intact. Lumbosacral spine: appearance with normal. Tenderness in the left paraspinal palpation: left sided muscle spasms. Special tests: equivocal straight leg raise. **Assessment:** 1. Strain of left hip and thigh. 2. Sciatica, left. **Plan:** 1. Start: Methylprednisolone 4mg oral tab therapy pack; use as directed. Strain of left hip and thigh. 2. Physical Therapy referral physical therapy referral physical therapy eval & treat Duration 2 weeks.

XXXX: Visit Notes by XXXX, MD. **HPI:** Pt presents today with twist injury L side on 9/9, pain L hop to L foot, pain sitting 6/10, meds given at XXXX do not help, went to XX own doctor, Dr XXXX who gave XX 2 shots one being steroid which helped and gave XX work excuse until tomorrow, not working. Injury was about 3 weeks ago. XX does XXXX work. XX was XXXX. XX had a pain that shot down XX leg to the foot. Meds did not improve so XX went to regular doctor. XX doctor prescribed meloxicam and tizanidine. XX is taking these now. XX was also

administered two shots in the office, one being a steroid. XX states these helped a little. However, XX continues to have pain down the back of XX left leg. It is worse when XX is upright and walking. **Physical Exam:** Lumbosacral spine: Appearance with normal. Level 5 tenderness in the lumbar spine. Flexion: AROM of 35 degrees and painful. Left Thoracolumbar rotation: painful. Right Thoracolumbar rotation: painful. Special tests: straight leg raise positive. Radiology results: no acute trauma. Narrowing at L5-S1. This is a preliminary radiology interpretation. The images were sent to a radiologist for final interpretation. Preliminary radiology results were discussed with the patient. **Assessment:** 1. Sciatica, left. **Plan:** 1. MRI, spinal canal and contents, lumbar; without contrast material; requested for XXXX. Frequency 3 x week, duration 2 weeks. Therapy order: Evaluate and treat. 3. X-Ray, spine, lumbosacral; 2 or 3 views.

XXXX: MRI Lumbar Spine WO interpreted by XXXX. MD. **Impression:** L5-S1: Desiccation and loss of normal water content. A 4mm central and left-sided disc herniation with some narrowing of the left L5-S1 intervertebral foramen.

XXXX: Encounter Notes by XXXX, PT. **HPI:** Pt reported mild pain during lifting and turning to L side while holding 70lbs weights. XX can perform ADL's independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Tests and Measures: Lumbar spine: Pain: 0/10. Appearance/Palpation: Paraspinal muscles: Mild tenderness on the left. PSIS: Moderate spasm on the left. Mild tenderness on the left. Special Tests: Straight leg raise test sitting: negative. Straight leg raise test supine: negative. Sensation grossly intact, myotomes and deep tendon reflexes symmetrical. Sensation grossly intact for light touch for dermatomes L3-S1. Myotomes normal and symmetrical. Joint Mobility: Lumbar: Flexion is hypomobile and painful. Extension is hypomobile and painful. Rotation is normal and painful. Impairment goals: Flexion AROM: initial value 70. Goal 80°. Current Value: 70° Extension AROM: Initial value 15° Goal 25° current value 20°. **Evaluation:** 1. Left sciatic nerve pain. 2. Other intervertebral disc displacement, lumbar region. Therapy Assessment: Overall progress: as expected. Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.

XXXX: Encounter Summary by XXXX, MD. Pt received ESI orders.

XXXX: Office Visit by XXXX, MD. **Subjective:** MRI LS spine positive for herniated disc at L5 S1. Able to stand for >30 minutes. Able to sit for more than 30 minutes. Able to walk for more than 30 minutes. Pain level now 4-6/10. Pain level at best 0-3/10. Diagnostic ESI denied in spite of meeting ODG. **Plan:** Appeal ESI.

XXXX: Office Visit by XXXX, MD. **Plan:** Appeal to IRO. If denied again, recommend chronic work therapeutics pain program.

XXXX: Rule out bilateral lower extremities peripheral neuropathy vs lumbar radiculopathy interpreted by J Lotfi, FRCP, MD. **EMG:** needle evaluation of the left posterior tibialis, the left biceps femoris, the left anterior tibialis, and the left vastus medialis muscles showed slightly increased spontaneous activity and diminished recruitment. All remaining muscles showed no evidence of electrical instability. **Impression:** 1. The abnormal EMG finding in anttibialis and vastus medial is consistent with mild axonal injury to the left L4-5 and L5-S1 nerve roots. Negative bilateral Tibial H reflex rules out S1 radiculopathy. Findings should be correlated with clinical and ancillary data to determine significance. 2. There was no evidence suggestive of bilateral sural or superficial peroneal sensory neuropathy. 3. There was no electrophysiological evidence suggestive of bilateral Tibial motor or sensory neuropathy at or above ankles. 4. EMG study showed no complex repetitive discharge, Myotonic discharge, Myokymic discharges or even fasciculation potentials, so there is no evidence of any type of myopathy in bilateral lower extremities.

XXXX: Visit Notes by XXXX, MD. **HPI:** Pt is returning for a recheck. XX got back the results of XX DD exam. XX was found not at MMI. XX also had an extent of injury evaluation where aggravation of displaced siadic and

symptoms of sciatica were found to be a part of the compensable injury. **Physical Exam:** No new exam performed. **Assessment:** 1. Other intervertebral disc displacement, lumbar region. **Plan:** 1. Renew: ibuprofen 800mg oral tab. 2. Pain management follow up evaluation and treatment follow up with Dr. XXXX. 3. Pain Management referral physician referral.

XXXX: Office Visit by XXXX, MD. **Procedure:** ESI was performed.

XXXX: Office Visit by XXXX, MD. **Subjective:** Pain improved by more than a half after the procedure. XX is able to sit, stand and walk longer. Decreased pain meds. Less stress, less side effects.

XXXX: UR performed by XXXX, MD. **Rationale for Denial:** Per evidenced based guidelines, Chronic Pain Management program is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Based on the medial records, the patient complained of low back pain that radiated to the left foot and had findings of tenderness and diminished reflexes. The patient had demonstrated the ability to perform within the Heavy PDL category, however, a medical record dated XXXX showed that the patient's job PDL requirement was considered to be medium work. The patient's functional ability exceeded the supposed requirement for this occupation, thereby eliminating justification for this request. Even so, the patient's job PDL requirement was not established in the FCE and further clarification is needed regarding this. Furthermore, although the patient had score 21 in XX DBI, XX BAI had a score of 13, which was in the mild category. The program is only indicated for patients needing more intense psychological treatment with at least moderate to severe psychological barriers. Given the lack of support, this request is not supported.

XXXX: UR performed by XXXX, MD. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The patient documented current PDL category of heavy does not represent a mismatch requiring intervention. XX BDI and BAI scores were also not significant enough to require this level of intervention. Exhaustion and failure from lower levels of care continued to not be substantiated, as XX just recently had a lumbar ESI and the patient has not presented for follow up yet.

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

Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The patient documented current PDL category of heavy does not represent a mismatch requiring intervention. The patient's BDI and BAI scores were also not significant enough to require this level of intervention. Exhaustion and failure from lower levels of care continued to not be substantiated, as he just recently had a lumbar ESI and the patient has not presented for follow up yet. Therefore, this request is non-certified.

#### **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)