

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0763-01

February 18, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

___, a 39 year old female, injured her neck and right shoulder following a fall at work, whereby she tripped on some electrical wire, falling on her right shoulder, arm and hip. She subsequently underwent considerable chiropractic care with ___, progressing to subacromial injections on 5/17/01 then open acromial decompression with release of the acromial ligament and rotator cuff repair on 8/1/01. She then returned to ___ between 08/31/01-10/21/02 for postoperative therapy. Diagnostically, and she had a MRI of the cervical spine on 4/23/01 which was normal, NCV on 5/2/01 which reported "findings of mild bilateral carpal tunnel syndrome, manifested only by bilateral delay in the median motor velocity across the wrist and by a bilateral presence of median motor conduction block at wrist". On 5/9/01 MRI of the right shoulder and lumbar spine were performed.

Lumbar spine was normal, right shoulder showed a full thickness tear of the supraspinatus contribution of the distal rotator cuff tendon, with mild hypertrophy at the AC joint without shoulder inlet or outlet stenosis. Postoperative MRI on 11/19/02 showed findings of post surgical fibrotic changes, with a partial thickness tear of the supraspinatus tendon and mild tenosynovitis of the biceps tendon.

The patient was then referred to ___ for a mental health evaluation on 9/19/03. This identified chronic pain and depressive disorders with a GAF score 55. She then underwent some psychological counseling with positive response.

Current medications include Hydrocodone, Frenilin Forte, Celebrex, Tramadol HCL, Ultracet Effexor, Trazodone.

She has been independently evaluated by a designated doctor on 8/30/02 and found to be at MMI with a 7% whole person impairment relating to upper extremity disorder. She was also seen on 04/24/03 by ___ who found little physically wrong with the patient and opined that she was at MMI without need for further treatment.

REQUESTED SERVICE (S)

Prospective medical necessity g product pain management program five times per week for six weeks.

DECISION

In answer to the question of medical necessity of a chronic pain management program, my opinion is that **I find establishment of medical necessity for a chronic pain management program.**

RATIONALE/BASIS FOR DECISION

A chronic pain program involves a multidisciplinary approach and is reserved typically for outliers of the normal patient population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work^(1,2).

Chronic pain or chronic pain behavior is defined as devastating and recalcitrant pain with major psychosocial consequences. It is self sustaining, self regenerating and self-reinforcing and is destructive in its own right as opposed to simply being a symptom of an underlying somatic injury. Chronic pain patients display marked pain perception and maladaptive pain behavior with deterioration of coping mechanisms and resultant functional capacity limitations. The patients frequently demonstrate medical, social and economic consequences such as despair, social alienation, job loss, isolation and suicidal thoughts. Treatment history is generally characterized by excessive use of medications, prolonged use of passive therapy modalities and unwise surgical interventions. There is usually inappropriate rationalization, attention seeking and financial gain appreciation⁽²⁾. These behaviors have been identified in this patient.

Although this patient does not appear to have been through a work hardening program, the results of the psychological assessments and trial of individual psychotherapy tend to indicate that she would not perform well, even in a work hardening environment. The psychological assessments identified maladaptive coping styles that would be best addressed in a behavioral chronic pain program.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.