

IRO Reviewer Report

DATE OF REVIEW: 04/01/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of Chronic Pain Management

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

Board certified in anesthesiology/pain management, on the TDI-WC approved doctor's list and is familiar with the treatment or proposed treatment.

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.

It is determined that the 10 sessions of Chronic Pain Management is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Information provided by the requestor:

None

Information provided by the respondent:

- Information for requesting review by an IRO – 03/20/07
- Carrier's decision letter – 01/03/07 & 01/26/07
- request for appeal – 01/22/07
- request for preauthorization for Chronic Pain Management – 12/28/06
- Diagnostic Interview and Treatment Plan – 12/08/06
- Physical Performance Exam – 12/15/06
- Procedure note for cervical facet injections – 12/12/06
- PEER Review by Dr. 02/01/06, 08/22/05

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury when he was removing concrete forms and fell down a hill. This resulted in middle/low back pain and right hip and thigh pain. The patient has been treated with diagnostic testing, surgery, physical therapy, work hardening, and medication.

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

This patient has undergone extensive rehabilitation including surgery and the medical record documentation indicates that his back pain is so severe that he cannot work. In addition, the record indicates that the patient is experiencing severe psychological and psychiatric issues. In the case, participation in a chronic pain management program would not change the patient's personality disorders. The patient has poor prognostic indicators to return to work and there is no indication that participation in a chronic pain management program would improve the patient's symptoms enough to enable him to return to his work environment.

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)