

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71  
Phone: 512-288-3300

Austin, Texas 78735  
FAX: 512-288-3356

**DATE OF REVIEW:**           **APRIL 16, 2007**

**IRO CASE #:**

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

Ten (10) sessions Chronic Behavioral Pain Management Program

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

MD, Board Certified in Family Practice

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Records from Healthcare Systems
- Letters from Insurance Company
- A FCE dated 12/12/06
- Clinical note dated 1/4/07 by PAC

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Mr. was injured. Records of the original injury and treatments were not submitted. He apparently was evaluated by x-rays and MRIs and was treated by physical therapy, injections, and surgery on 11/2/05. No specific records were available for review. A note from Insurance dated 1/3/07 stated the patient "failed" individual psychotherapy. As of 1/3/07, his only medication was Tylenol.

A psychiatric evaluation done on 12/13/06 shows significant anxiety and depression related to his chronic pain from his injury. A request for 10 pain management sessions was denied on 1/3/07 and an appeal upheld that denial on 1/31/07.

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

MR. HAD AN INJURY. HE WAS TREATED WITH A VARIETY OF TREATMENTS BUT THERE IS NO DOCUMENTATION OF THE SPECIFIC TREATMENTS AND RESULTS. HE HAD SURGERY ON 11/2/05 BUT CONTINUED TO HAVE CHRONIC PAIN ALTHOUGH BY 1/3/07 HE WAS ONLY TAKING TYLENOL. HE ALSO HAS SEVERE DEPRESSION AND ANXIETY BUT NO RECORDS WERE SUBMITTED TO DOCUMENT HIS PSYCHOTHERAPY AND IF ANY MEDICATIONS WERE USED TO ADDRESS HIS SYMPTOMS. THE SUBMITTED RECORDS DO NOT SUPPORT THE MEDICAL NECESSITY OF A CHRONIC BEHAVIORAL PAIN MANAGEMENT PROGRAM. AS NOTED, NO DOCUMENTATION SHOWS CONSERVATIVE MEASURES WERE ATTEMPTED, EXHAUSTED, AND FAILED. ALSO, THESE TYPES OF PROGRAMS REQUIRE A PATIENT BE MENTALLY PREPARED TO ENGAGE IN THE EXTENSIVE AND EXHAUSTIVE NATURE OF THESE PROGRAMS. THEREFORE, UNLESS THIS PATIENT'S SEVERE ANXIETY AND DEPRESSION ARE APPROPRIATELY ADDRESSED AND TREATED, THIS PROGRAM WOULD NOT BE APPROPRIATE FOR HIM.

**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)**
  - \* *THE PHILADELPHIA PANEL STUDY*