

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 19, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management 5x per week/6 weeks (30 sessions)

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

D.C., FICC

Diplomate, American Academy of Pain Management
Fellow, American Board of Disability Analysts
Texas Board of Chiropractic Examiners, licensed
National Board of Chiropractic Examiners, certified
Austin, Texas

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

Utilization Review Decision, PhD, MD. (3/9/07; 3/23/07)
Medical Reports & Notes, MD. (2/15/06)
Operative Notes & Reports, MD. (7/31/06)
Orthopedic Progress Notes, MD. (4/20/06)

Designated Doctor Evaluation, MD. (1/22/07)
Notes & Reports, Pain Management, (6/29/06; 9/25/06)
Chiropractic Notes & Reports, DC
Behavioral Evaluations, PhD. (2/27/07)
Physical Performance Evaluations, DC, DC. (2/12/07)
Work Conditioning Notes, Treatment Clinic. (2/2-6/07; 2/19/07;
3/22/07)
Imaging Reports, , MD. (3/31/06; 4/21/06)
Medical Reports & Notes, MD. (4/15/06)
Medical Reports & Notes, MD. (4/5/06)
Chiropractic Notes & Reports, DC. (3/27/06)
Electrodiagnostic Reports, DO. (3/27/06)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient reports that he was knocked over by a back-ho bucket when the tractor operator moved the controls accidentally. He apparently sustained injuries to his knees, back, shoulder and abdomen. He presented initially to Medical Centers and then to chiropractic care for conservative care and therapy. He underwent approximately 42 sessions of therapy at the chiropractic facility then progressed to 30 sessions of work conditioning. He is status post right knee surgery from 07/13/06 and has had multiple chronic pain management assessments and functional capacity evaluations. He currently remains symptomatic and has tested positive for severe depression and extreme anxiety. Designated Doctor Evaluation places the patient at MMI on 01/22/07 with 9% WP impairment levels. DDE findings also confirm severe depression, extreme anxiety and strong potential for symptom magnification.

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

It is unlikely that this patient will be able to return to previous levels of work following this injury. There appears to be un-stabilized severe depression and extreme anxiety, which may contribute to symptom magnification. It appears that this patient will require vocational rehabilitation, counseling and medication to stabilize anxiety/depression. Formal psychiatric evaluation also appears indicated due to depression, anxiety and issues of symptom magnification. Once these issues are appropriately addressed, a chronic pain management program may still be clinically indicated.

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**
 1. Schatman EM, Ethical Issues in Chronic Pain Management, Vol. 1, 2006.
 2. Boswell VM, Cole BE, Pain Management; A Practical Guide to Clinicians, 7th Ed. (Ch. Elements of Multidisciplinary Pain Management, Specialty Approaches & Work Disability).
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**