

DATE OF REVIEW:

04/25/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management five times a week for six weeks equaling thirty sessions.

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

Board Certified Chiropractor

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 or not medical necessity exists for each of the health care services in dispute.

The medical necessity for the application of the tertiary care program as requested is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Referral dated 04/06/07
- DWC: Letter dated 04/07/07 from RN
- DWC: Notice to MCMC, LLC of Case Assignment dated 04/06/07 from
- DWC: Confirmation of Receipt of a Request For a Review dated 04/04/07
- LHL009: Request For a Review By An Independent Review Organization dated 04/03/07
- Request for Medical Dispute Resolution dated 04/18/07 from D.C.
- Letter dated 03/27/07 from D.C.
- M.D.: Chart notes dated 03/14/07, 02/13/07
- Letter dated 03/12/07 from M.D.
- Request for Services dated 02/27/07 from Ph.D
- Chiropractic: Referrals dated 02/22/07, 01/09/07 from D.C.
- Reports dated 02/22/07, 01/09/07
- Chiropractic: Referral Letter dated 02/08/07 from D.C.
- Request for Reconsideration dated 01/24/07 from D.C.
- M.D.: Electrodiagnostic Medicine Laboratory Report dated 01/11/07
- Initial Interview dated 01/09/07 from MA-LPC
- Chiropractic & Rehab Centers: Letter dated 01/04/07 from D.C.
- M.D.: Orthopedic Consultation dated 12/28/06

- DWC: Report of Medical Evaluation dated 12/18/06
- M.D.: Page two of a report dated 11/30/06
- Performance Based Functional Capacity Evaluation dated 11/28/06
- Surgery Center: Operative Report dated 07/25/06 from M.D.
- Orthopedic and Hand Center Office note dated 07/19/06 from M.D.
- Chiropractic: Letter of Medical Necessity dated 07/10/06 from D.C.
- Clinic: Prescription note dated 02/13/??

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual, a female, was allegedly injured as the result of an occupational incident that allegedly occurred. The history reveals that was using a knife and cut her left hand. Surgical exploration dated 07/25/2006 revealed laceration of some tendon sheaths, however no significant damage was noted to the other structures including nerves and tendons. The injured individual received as many as twenty-two sessions of physical therapy. The injured individual eventually presented for care and treatment to the office of the attending physician (AP) on or before 12/11/2006. Independent examination of the injured individual by a designated doctor dated 12/04/2006 resulted in an assignment of maximum medical improvement (MMI) and an associated impairment rating. Electrodiagnostic examination dated 01/11/2007 revealed normal nerve conduction velocity (NCV) and electromyogram (EMG) findings. A recent examination revealed that Beck scores were elevated. A course of chronic pain management, five times per week for six weeks, has been requested.

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

A review of the documentation fails to establish the medical necessity for the application of the course of chronic pain management as requested. Specifically, the Official Disability Guidelines (ODG) do not specifically support the utilization of a tertiary care program over other lower forms of care based upon comparative studies of efficacy. According to the ODG there is no established benefit of the tertiary level of care as opposed to other comparative and applicable lower forms of care.

Additionally, the documentation does not reveal that all other lower forms of care have been exhausted prior to the consideration of the upper level program as requested. Specifically, the documentation does not reveal that the injured individual has undergone a significant course of medication management, specifically antidepressants, or individual psychotherapy. These lower forms of care should be attempted and documented before the consideration and application of the more comprehensive, upper level, tertiary forms of care.

Lastly, the documentation does not indicate that a return to work with appropriate modifications has been attempted. Many occupational guidelines, including the American College of Occupational and Environmental Medicine (ACOEM), favor a return to modified work as opposed to the application of upper level forms of care. In this particular case, the documentation does not clearly demonstrate that the injured individual remains unable to resume some form of modified duty and further that a return to work with accommodations would not be preferable over the continuation of provider driven care, especially in light of the occupational examination which opined the injured individual to be at MMI.



As such, the medical necessity and appropriateness of the requested upper level tertiary program, Chronic Pain Management, is not established as applicable to the above captioned injured individual.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MILLIMAN CARE GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

North American Spine Society Guidelines,
Texas Medical Fee Guidelines,
Procedural Utilization Guidelines.