Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 8/21/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The services under dispute include a 10 session chronic pain management program as an extension to a previous program.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Anesthesia and Pain Management. The reviewer has greater than 15 years of experience in this field.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties: Approximately 1000 pages of records were received from the carrier and an additional 181 pages were received from the requestor. The records are voluminous and are listed below.

These records consist of the following: disability determination service notes, PPE 1/9/07, Healthcare notes and evaluations 03/23/06 to 06/19/07, notes 1/4/07, Healthcare Systems notes 4/4/06 to 7/26/07, notes 4/24/07 to 06/22/07,

weekly summary notes, LPC notes 4/26/07 to 5/8/07, UR reports 7/24/07,6/26/07 - 7/19/07 letters reports 4/6/06 to 4/18/07, multiple 1500's and biofeedback notes, xylocaine and depromedrol notes, case conference and weekly review notes 5/14/07 to 6/22/07, 4/11/05 -11/15/05 notes Dr ,11/22/05 to 10/23/06 reports, MD, various TWCC 73's, MD 2/8/05 report, review 4/17/07, 1/5/07 report, TWCC 66 of 12/16/05, Center notes 7/18/06, 12/2/05 rad report, 5/29/05 to 1/16/06 notes, 3/29/06 note MD, neurodiagnostic tests 4/5/06, carrier preauthorization log, peer review by, DC and a BRC Summary Sheet 1/25/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year of age woman sustained a work related injury to her lumbar spine on xx/xx/xx. She has had x-rays, CT scan, an MRI, an EMG as well as SI joint injections, ESI's and trigger point injections. She has recently underwent a CPM program.

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

conclude that an intensive multidisciplinary bio-psycho-social rehabilitation program with a functional restoration approach improves pain and function as measured by return to work rates. Less intensive therapies were not found to show improvements in clinically relevant outcomes. This patient has received 20 sessions of a chronic pain management program with some improvement in pain scores.

have indicated that there is an upper limit of 20 total treatment days in most cases for CPS patients. Exceptions to this rule should be on a focused, achievable goal that was near completion and could be reached in a very discrete time frame rather than a blanket program extension. This patient has made only limited progress and there is no stated discrete objective goal to be accomplished by the additional proposed procedures.

The ODG criteria are as follows: (1) An adequate and thorough evaluation has been made. (2) Previous methods of treating the chronic pain have been unsuccessful. (3) The patient has a significant loss of ability to function independently resulting from the chronic pain. (4) The patient is not a candidate where surgery would clearly be warranted. (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. These criteria do not necessarily apply in this case as this is the continuation of a CMP and not the initiation of one. Regardless, the patient has only had a minor reduction in pain through the initial program; therefore, a continuation of said program is not medically necessary at this time.

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)** Sanders et al, Evidence based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation.
Guzman et al Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain (Cochrane review) In: The Cochrane Library, Issue 3, 2004.

☒ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)** Cochrane Review Issue 3, 2004.