P-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW: AUGUST 14, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Office visits of 06/27/06, 08/15/06, 10/03/06, and 11/22/06

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
American Board of Physical Medicine and Rehabilitation and specialized in Pain Management.

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 visits of 6/27/06, 8/15/06, and 11/22/06 are not medically necessary.

The visit of 10/3/06 can be considered medically necessary for proper maintenance of his opiate regimen.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Multiple requests for reconsideration
Records: 02/16/07, 03/26/07, 04/30/07, 05/30/07 and 06/29/07
List of disputed dates of services
TWCC Fast Facts
Explanation of Benefits
Management 12/17/04, 01/13/05, 02/18/05, 04/27/05, 05/24/05, 07/25/05, 08/25/05, 09/26/05, 10/12/05, 11/04/05, 12/13/05, 03/24/06, 05/31/06, 06/27/06, 08/15/06, 10/03/06 and 11/22/06
Operative report 07/25/05
Peer Review by Dr., 07/10/06
Medical Records Review by Dr. 08/23/06
Evaluation by Dr. 08/23/06
Designated Doctor's Examination 04/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a gentleman who was treated for back and right groin pain. He has been followed by Dr. since xx/xx/xx. He has undergone rhizotomy and intra-discal electrothermal (IDET). He had undergone a transforaminal epidural steroid injection on the right at L5 on 07/25/05 with no significant change in symptoms. He was seen by Dr. on 05/31/06, stating THAT he did not need any medications refills because he was getting Ambien and Xanax from Dr. He had been using his OxyContin as needed because he did not like the side effects, so he took it only when absolutely needed. Pain score was 4/10. Another visit occurred on 6/27/06 with the same complaints. He refilled his OxyContin OxyFast and Benadryl and Soma. On 8/15/06 he was seen again for back and groin pain and medications were refilled and similarly on 10/03/06 medications were refilled. Records reflect that there are 2 separate injuries- one in xxxx with lower back injury and another injury of xx/xx/xx which was a groin injury. It appears that he fully recovered from the back injury of xx/xx/xx and returned to full duty work subsequently. Therefore, these visits were not medically necessary considering the xx/xx/xx injury. Apparently his current treatment relates to his xxxx injury to the right groin. He is a longstanding patient of Dr. and these particular visits are not focused on any current new treatment, but seem to be maintenance visits for the purpose of medication refills.

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

The visits of 6/27/06, 8/15/06, 10/3/06 and 11/22/06 are maintenance visits only for the purpose of routine opiate refills. In a stable opiate treated patient, monthly visits are not necessary for the purpose of refills. The patient should be seen every 4 to 6 months. Therefore, the visits of 6/27/06, 8/15/06, and 11/22/06 would not be considered medically necessary. The visit of 10/3/06 would be in keeping with state-of-the-art treatment for opiate management with the patient being seen every 4 months.

The visits of 6/27/06, 8/15/06, and 11/22/06 are not medically necessary. The visit of 10/3/06 can be considered medically necessary for proper maintenance of his opiate regimen.

Official Disability Guidelines: 2007 Updates: Pain Chapter

Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

(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.

(3) 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.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

Inpatient admissions for pain rehabilitation may be considered medically necessary only if there are significant medical complications meeting medical necessity criteria for acute inpatient hospitalization.

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)**