

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 6, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 Sessions of Chronic 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

- * Dr. denial letter with ODG Guidelines [10/15/07]
- * Dr. letter to uphold denial [11/12/07]
- * Letters to reconsider denial by, Ph.D. [11/15/07, 11/20/07]
- * Treatment summary per LPC [10/8/07]
- * Multiple notes from Dr. DC
- * Clinical notes from Dr.
- * NCS/EMG [4/18/07, 12/15/06]
- * MRI L-S spine [4/18/07]
- * Hospital summary from 10/18/06 to 10/19/06 for diskectomies

- * L-S spine x-ray and CT myelogram [3/24/06]
- * Pelvis x-ray [7/12/06]
- * Note from Dr. [6/16/06]
- * Letter from Rehabilitation on 11/5/07 to appeal denial of CPMP

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient incurred a work related injury. After inadequate response to conservative treatment, he had surgery on 10/18/06. Apparently his symptoms initially improved then worsened. EDS on 4/18/07 suggest left L5 radiculopathy and possible S1 radiculopathy but was unable to distinguish if a new, active problem or residual from surgery that would improve. Dr. suggested to recheck EDS in 2-3 months. Post-surgical MRI in April, 2007 shows multilevel facet hypertrophy and disc herniations with some foraminal narrowing. In the course of his treatment he apparently has completed 2 Work Hardening Programs, medications, chiropractic care, 2 ESIs prior to his surgery, individual psychotherapy, physical therapy, and as noted above, surgical intervention.

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

ESSENTIALLY, THE PATIENT HAD ALL THE CRITICAL MODALITIES OFFERED IN A CPMP ALREADY VIA PHYSICAL THERAPY, PSYCHOTHERAPY, AND PAIN MANAGEMENT CONSULTATIONS. HE HAS SHOWN NO IMPROVEMENT IN HIS ANXIETY AND DEPRESSION BUT HIS SYMPTOMS WORSENER AFTER HIS SECOND SURGERY WAS DENIED. NO DOCUMENTATION WAS SUBMITTED THAT HE WAS TREATED WITH ANTIDEPRESSANTS THAT CAN ASSIST WITH HIS DEPRESSIVE SYMPTOMS AND PAIN ISSUES. BECAUSE OF THESE ISSUES, THERE APPEARS LITTLE CHANCE THAT A COMPREHENSIVE, INTENSIVE WHP WOULD BE SUCCESSFUL OR APPROPRIATE FOR THIS PATIENT 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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)