

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** DECEMBER 19, 2007

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed 10 sessions of chronic behavioral pain management

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	97799	CP	Prosp	10					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 62 pages of records received to include but not limited to:  
Pain Management notes 10.5.07, 10.25.07; notes, Healthcare 10.2.07; PPE 10.2.07; MRI L-spine 6.1.07; MRI Brain 7.23.03; x-rays 6.1.07, 4.28.06; MRI Rt Shoulder 7.24.03; notes, Dr. 8.2.07; notes, Dr. 8.30.07

Requestor records- a total of 22 pages of records received to include but not limited to: notes, Healthcare 10.2.07; PPE 10.2.07; notes, Dr. 8.2.07; notes, Dr. 8.30.07

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient's date of injury is listed as xx/xx/xx. She is employed as a xxxx. She was working on a high shelf and the ladder slipped and fell off the ladder and sustained injury to her lower back, neck, and right wrist. Received treatment till July 15, 2006, was diagnosed with chronic pain. Recent MRI of lumbar spine on June 01, 2007 shows 1.5 mm broad-based disc bulge effacing the thecal sac and L5-S1 1.5 cm simple bulge. On June 01, 2007, right knee x-ray showed minimal arthritic changes. Lumbar x-rays revealed stable lumbar spine, minimal degenerative changes, stable compared to the study 12 years ago. Reports from Dr. from August 30, 2007 indicates that she is a xx-year-old female involved in a work-related accident in a fall from a ladder. Impression, lumbar disc displacement, lumbar radiculitis, and lumbago. Recommendations, he recommends conservative measures. He does not feel she is a surgical candidate. Recommends chronic pain management program and evaluation for spinal decompression.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The records reviewed indicate an individual with mechanical back pain treated with conservative care and epidural injections and some medications including hydrocodone. The patient's treatment is reasonable and appropriate and has not risen to the level of failed management, nor does it indicate the patient has indication or need of a chronic pain management program as a result of the reported work injury from four years ago. Despite the recommendation from Dr. for chronic pain management, clearly this patient is non-surgical and has no evidence of neurological impingement and has degenerative changes of the spine that are not directly referable to the work injury.

Chronic pain management is a category used for treating individuals who fail or do not improve with medications and conservative care. This patient has been fairly well maintained with conservative care and her evaluation lists of functional limitations, but then goal of chronic pain management program, is not for functional restoration work hardening, it is for multidisciplinary approach for managing pain, which I did not believe this patient has risen to the level of needing a chronic pain management program based on documentation provided today. My decisions are based on the ODG guidelines.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES