

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 27, 2007

IRO CASE #: T

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 10 sessions of chronic 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 Occupational Medicine: American Board of Preventative Medicine, and is engaged in the practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- XX 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
723.1	Chronic pain management program		Prosp	10					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 76 pages of records received to include but not limited to:
List of providers; letter, 11.19.07(ODG guidelines used in denial were referenced); letter 12.5.07;
DWC 69; DDE 12.1.06; preauth request, 11.28.07; notes, Dr., 11.12.07-11.28.07; Cervical

Myelogram, 11.1.06; Neuropsychology Clinic, notes 9.20.06; notes, Dr., 10.16.06-1.22.07; MRI C-Spine, 9.21.06; MRI neck 9.27.06; CT C-Spine and x-rays, 11.1.06; Spine report, 3.12.07

Requestor records- a total of 348 pages of records received to include but not limited to: Notes, Dr., 9.12.06- 11.28.07; FCE 9.13.06, 1.8.07, 10.8.07, 11.13.07; Request for an IRO; letter, 9.18.06, 10.5.06, 1.16.07, 11.19.07; letter 11.20.07; notes, Dr., 4.12.07; various DWC 73, 69 forms; notes, Dr. 3.22.06-10.5.07; notes, Dr., 12.1.06-2.12.07; letter 1.29.07; Decision and Order, 7.17.06, 10.20.06; Cervical Myelogram, 11.1.06; CT C-Spine and x-rays, 11.1.06; notes, Dr., 10.16.06-1.22.07; multiple fax call reports; letter Office of Injured Employee Counsel, 9.19.06, 10.26.06; MRI C-Spine, 9.21.06; MRI neck 9.27.06; Neuropsychology Clinic, notes 9.20.06-10.12.06; Spine report, 3.12.07, 3.15.07; x-rays C-spine 3.22.06, 9.12.06; CT head 3.22.06; LAbCorp, 9.13.06; letter 12.5.07;

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a xx-year old gentleman who was involved in a MVA (truck he was driving slid on icy road, the cab turning over, apparently on the driver's side) on xx/xx/xx, during an unusual winter storm. He suffered various injuries: abrasions, lacerations, and a cervical injury. He has undergone conservative therapy, with minimal improvement in his cervical problems (pain, dysfunction, with right upper extremity radiculopathy). Various radiologic studies were performed: cervical spine myelogram (extradural defects from C3-7 primarily C4-7; disc narrowing and spondylosis from C4-7 compromising the central canal); CT cervical spine (spondylosis C2-7; broad-based disc bulge at C4-5 into left midline w/o cord deformity; disc space narrowing C5-6, w/o evidence of herniation; C6-7: moderate to severe spondylosis, greater on right, producing bilateral foraminal narrowing, primarily on the right, with potential nerve root contact; osteophyte contact with cord, with mild cord deformity, degenerative disc disease with desiccation and loss of disc height); cervical spine MRI: (cervical spondylosis with small diffuse disc bulges C4-7; stenosis of foraminal ostia bilateral C5-7, secondary to diffuse disc bulges). NCV studies were normal. A neurosurgical consultation recommended surgery, but this was denied. A psychological evaluation, to include a MMPI, indicated that, because of this patient's motivation to return to return to work, he was a good candidate for a work-hardening program to return him to gainful employment as soon as possible. He apparently did well with physical therapy and work-hardening, but neither program apparently was continued to the point of no further improvement. Two functional abilities evaluations, about 3 months apart, demonstrated improvement, but not to the point he could return to his former position. Various comments by separate observers, including the psychologist, indicated he wanted to return to work as soon as he was able: he was depressed by his inability to return to work; he was motivated by the need to earn a living in order to support himself and his children.

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 ODG Guidelines indicate multidisciplinary biopsychosocial rehabilitation is "under study",--it is not considered an ineffective therapy. Its use is permitted as long as it is monitored to ensure the candidate continues to make improvement. This patient has done relatively well with physical modalities and work-hardening: he should do well with the pain management program. He is depressed his pain limits his ability to work. He apparently has not worked since his MVA; according to the available records, he is very motivated to return to work. The ODG Guidelines re: chronic pain indicate a pain management program is effective for chronic pain. The Guidelines caution a proven successful program should be used (it should not be a problem to find such a program in the area he resides); an adequate and thorough evaluation should have been completed; the patient should have failed an adequate trial of conservative therapy; the patient has had a significant loss of ability to perform meaningful activities independently; surgery

is not clearly warranted; and the patient is motivated to change, with no secondary gains from his dysfunction. Therefore, this patient meets all of these requirements. Thus, the request for the chronic pain management program x 10 is approved.

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
(*Official Disability Guidelines, (ODG), 2007, 5th ed.*)