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DATE OF REVIEW: JULY 9, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Pain Management - 10 sessions

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

Board certified in Occupational Medicine, licensed in the State of Texas, and DWC ADL approved.

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)

| Health Care Service(s) in Dispute | CPT Codes | Date of Service(s) | Outcome of Independent Review |
|-----------------------------------|-----------|--------------------|-------------------------------|
| Pain Management - 10 sessions | 97799 | Upon approval | Adverse determination upheld |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

| Record Description | Record Date |
|---|-------------|
| Office Visit – Dr. Associates MD PA | 09/15/03 |
| EMG Study – R & Associates | 09/23/03 |
| Office Visit – Dr. & Associates MD PA | 07/23/04 |
| Operative Report – Dr. & Associates MD PA | 08/19/04 |
| Office Visit - Dr. & Associates MD PA | 09/03/04 |
| Office Visit - Dr. & Associates MD PA | 10/08/04 |
| Office Visit - Dr. & Associates MD PA | 12/10/04 |
| Office Visit - Dr. & Associates MD PA | 01/14/05 |
| Office Visit - Dr. & Associates MD PA | 04/15/05 |
| Office Visit - Dr. & Associates MD PA | 07/15/05 |
| EMG study - & Associates | 07/25/05 |
| Office Visit - Dr. & Associates MD PA | 02/10/06 |
| Individual counseling and FCE – Dr.– Healthcare | 06/07/06 |

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| Office Visit – Dr. | 06/08/06 |
| Office Visit – Dr–Healthcare | 07/27/06 |
| Physical performance Evaluation –PT –Healthcare | 05/08/07 |
| Functional Capacity Evaluation –LPC | 05/14/07 |
| UR request for Chronic Pain Management – Dr. Healthcare | 05/14/07 |
| UR denial for Chronic Pain Management – | 05/18/07 |
| UR appeal for Chronic Pain Management – Dr. Healthcare | 06/01/07 |
| UR denial of appeal for Chronic Pain Management – | 06/06/07 |
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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient apparently injured her back while in the course and scope of employment. The patient then had electrodiagnostic studies that revealed a left lower extremity radiculopathy. The patient underwent a posterior lumbar interbody fusion (PLIF) and L5-S1. The patient completed 20 visits, 4 weeks of a CPMP with maximal effort and full compliance in 2007. Comparing the data from the 1st day of the CPMP to the 17th day, there was little objective improvement. As a matter of fact most symptoms reportedly increased over the course of the CPMP rather than decreased i.e. the patient reported feeling worse rather than better after completing the CPMP. There were, however, some minimal improvements in ADLs and lifting ability. There is now a request for an additional 10 visits to CPMP. The rationale provided was that the patient needed to achieve "treatment goals" that were apparently unmet.

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

Adverse Determination upheld. ODG is quite clear that the CPMP should not be continued for longer than 2 weeks without demonstrated efficacy. In this case, the patient was afforded 4 weeks of the program and went on to report higher levels of pain and higher levels of subjective complaints after the completion of the program. The patient's progress thus far has been very poor with no compelling evidence of significant benefit obtained after 20 visits. There is no reasonable medical expectation that continuing the same program would lead to any different an outcome. It is medically untenable to suggest that an additional 10 visits would be of benefit when the previous 20 visits have not demonstrated a benefit of any clinical significance.

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

ODG. 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.