

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

DATE OF REVIEW: JUNE 6, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed chronic pain management program, 5 X 4weeks/ 97799

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
724.2			Prosp	20			xx/xx/xx		Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO- 22 pages

Respondent records- a total of 491 pages of records received to include but not limited to: Records, The Institute, 8.30.05-4.11.06; Center, 2.20.06; Various DWC forms; Rehab, 6.1.05-6.26.06; Pain relief, 10.11.05, 5.12.06; MRI L-Spine and Rt Hip, 7.29.05; X-rays, L-spine; 2.20.06; Records, Dr., 11.2.05-12.8.05; Records, Dr., 5.8.06, 5.9.06; Records, for surgery, 11.22.05-12.20.05; X-ray Hip, 6.16.05; 9.27.06; DDE 7.19.06

Requestor records- a total of 43 pages of records received to include but not limited to: Clinic, 11.9.06-5.15.07; Report, Individual 2.2.07; clinic, 3.15.07; Center, 2.14.06-2.20.06; Report, Dr., 3.6.07; The for, 8.30.05-10.25.06; x-rays chest

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a gentleman who was injured on the job in xxxx and has undergone lumbar surgery with retractable back pain. He has continued to receive chronic pain management. Dr. is a professor in pain and believes the patient is an excellent candidate for chronic pain management.

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.

Using current treatment guidelines for chronic pain management, it is tertiary care for individuals that have exhausted all other forms of care to help control their pain or reduce their medication usage and help them be more functional. This gentleman has had sufficient psychiatric evaluation and support and is now an excellent candidate for chronic pain management and a multi-disciplinary approach.

This patient meets all the proper criteria for such a treatment program based on the information provided for review. Therefore it is my conclusion that based on information provided for review, this gentleman is in fact an appropriate candidate for a chronic pain management program.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)