
Notice of Independent Review Decision

DATE OF REVIEW: 6/4/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic pain management program services from 11/6/06-2/16/07.

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

This case was reviewed by a practicing physician who is board certified in psychiatry on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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 Dx Code	HCPCS	Mod	Units	Type Review	DOS	Amt Billed	Date of Injury	Claim #	Upheld / Overturned
719.92	90801		1	Retro	11/6/06-11/6/06	\$196.40			Overtured
719.92	97001		1	Retro	11/6/06-11/6/06	\$97.70			Overtured
719.92	97750	PC	16	Retro	11/6/06-11/6/06	\$618.40			Overtured
719.92	99080	73	1	Retro	11/9/06-11/9/06	\$15.00			Overtured
719.92	99214		1	Retro	11/9/06-11/9/06	\$107.00			Overtured
719.92	99362		1	Retro	2/16/07-2/16/07	\$95.00			Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 5/4/07
2. Determination Notice – 12/12/05
- 3 Correspondence – 4/27/07-5/9/07
4. Review Analysis – 1/12/07, 3/6/07
5. Records and Correspondence from PRIDE – 7/7/07
6. Peer Review Report – 10/26/06
7. Benefit Dispute Disagreement form – 10/29/03
8. Benefit Review and Conference Report – 4/26/07
9. Records and Correspondence, MD – 11/3/06-2/16/07
10. Records and Correspondence, DC, DC) – 5/16/03-11/9/06
11. Professional Associates Peer Review Reports – 3/2/04, 8/3/05
12. Report of Medical Evaluation by, MD – 3/5/04
13. Records and Correspondence MD – 4/8/04-3/21/05
14. Records and Correspondence. PhD. – 5/4/04-5/5/04
15. Records and Correspondence MD – 5/4/04
16. Records and Correspondence, DC – 5/6/04
17. Records and Correspondence, MD – 6/10/04-10/24/06
18. Records and Correspondence from Clinic Orthopedic Surgery Sports Medicine – 12/9/04
19. Records and Correspondence from - 1/26/05-6/15/05
20. Records and Correspondence from– 4/20/05-6/22/06
21. Functional Capacity Evaluation Report – 3/27/06
22. Systems Evaluation Report – 3/31/06
23. Chiropractic Peer Review Report – 5/5/06
24. Records and Correspondence MD – 5/8/06, 9/25/06
25. Records and Correspondence from– 6/29/06-1/4/07
26. Records and Correspondence– 7/24/06
27. Peer Review Report MD – 10/26/06
28. Mental Health Evaluation Report – 11/6/06
29. Reviewer Report from Medical Resolutions – 1/30/07

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury. Records indicated that while working as a, he injured his elbow and upper extremity. Diagnoses have included chronic epicondylitis, partial biceps tendon tear with tenosynovitis, asymptomatic right shoulder impingement, and right pronator syndrome. Evaluation and treatment for this injury has included physical therapy, MRIs, x-rays, CT scans, medications, an EMG, and surgery.

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

This case concerns an adult male who sustained a work related injury to his right upper extremity (shoulder and elbow). he cut his elbow on a concrete edge and “threw out” his arms emptying buckets into a dumpster. He was evaluated and treated by several physicians. Treatment for these injuries has included verti-physical therapy with modalities, chiropractic treatment, and physical therapy with therapeutic exercises (neuromuscular re-education). He has also had surgical treatment including right

epicondylar release with fasciotomy and osteotomy followed by physical therapy. On 6/15/05, the patient had a left lateral epicondylar release again followed by physical therapy. He continued to have pain. He had multiple radiographic studies and an MRI of the right elbow on 11/2/06 revealed small joint effusion with diffuse cartilage thinning. He underwent a functional capacity evaluation and work hardening program. He was seen by a physiatrist on 5/8/06 when he was noted to have significant pain for which he had been taking Talwin and Ambien. The patient was seen by an orthopedic surgeon on 6/22/06 and was noted to have bilateral lateral elbow pain, burning parasthesia while taking Talwin, Ambien and benzodiazepine. He was seen again by a physiatrist on 9/25/06 and noted to have continued pain and parasthesia in the elbow and forearm. He continued on Talwin and Ambien CR. A follow-up evaluation with an orthopedic surgeon on 10/24/06 indicated intermittent right elbow/forearm pain. He was seen by a chiropractor on 11/3/06 and was noted to have bilateral elbow pain, right forearm and bicep tendon pain, right shoulder pain and the pain intensity was noted to be 8 out of 10 at rest and 10 out of 10 with activity. The patient has not returned to work and a psychological-Beck depression scale indicates severe depression. Physical examination revealed painful range of motion, trigger points, decreased range of motion, all mostly in the right elbow and forearm and mildly in the wrist and shoulder.

From review of the records, it appears that this patient has received several different types of treatment for his symptoms including surgery, medications, extensive physical therapy, extensive chiropractic treatments, pain medications, work hardening services, yet he still remains symptomatic and disabled due to chronic pain at the young age of. In regards to treatment of his pain/injury/symptoms, care seems somewhat fragmented. In consideration of all the facts, a comprehensive pain management program is reasonable and medically necessary for treatment of this patient's pain related to his injuries and to attempt to lead a more productive life with decreased pain. Level II pain management may be an effective intervention for chronic pain patients who have failed more conservative treatments. Level II treatment includes referral for multidisciplinary pain rehabilitation. Therefore, the chronic pain management program services from 11/6/06-2/16/07 were medically necessary for treatment of this patient's condition.

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)**