

MEDICAL REVIEW OF TEXAS

DATE OF REVIEW: MARCH 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic behavioral pain management program x 10 sessions

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

MD, Board Certified in Neurology

REVIEW OUTCOME

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

- X Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Multiple, redundant copies of denial of request for chronic behavioral pain management program duration ten sessions
- Multiple, redundant copies of request for appeal for chronic behavioral pain management program.
- Diagnostic interview and treatment plan
- Office records from MD
- Required medical evaluation from MD
- Report of lumbar myelogram dated 2/28/06
- Report of CT lumbar spine 2/28/06
- Operative report of lumbar spine from MD dated 9/20/2000
-

PATIENT CLINICAL HISTORY [SUMMARY]:

A female injured while working as a Corrections Officer. She was in her room with a roommate when called to assist with an incoming prisoner. Trustees had cleaned the floor and the area. The patient stepped onto a puddle of wax landing on her right buttock injuring three lumbar discs and tearing her right rotator cuff. Since the injury, the patient had been unable to return to previous work but had been receiving recommended care. She had complaint of constant burning pain in her right leg and numbness. She had been working in that position for five years and had, by report, been performing well. Since injury, she has undergone physical therapy, aquatic therapy, doing home exercise, and had undergone L3-S1 lateral fusion with Varigrip instrumentation. She had undergone removal of hardware because of medical opinion of painful hardware. The patient continues to have low back pain. The patient has had continued low back pain and lower extremity pain for the last eight plus years. In addition to the above, she has been on multiple medication regimens., Her lifestyle has changed dramatically.

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

DECISION BASED ON MULTIPLE FACTORS INCLUDING CLINICAL PRACTICE GUIDELINES FOR CHRONIC NONMALIGNANT PAIN SYNDROME. THIS PATIENT HAS OBVIOUSLY BEEN THROUGH AND EXHAUSTED ALL LOWER LEVELS OF CARE. SHE HAS ALREADY BEEN PREVIOUSLY FOUND IN HER REQUIRED MEDICAL EVALUATION TO HAVE HER PAIN SYNDROME DUE TO HER WORK INJURY.

Medical Review of Texas

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
NONMALIGNANT PAIN SYNDROME PATIENTS, STATE OFFICE OF ADMINISTRATIVE HEARINGS DECISIONS DOCKET #: , SOAH DOCKET #, ETC. TWCC GUIDELINES RULE 408.021.
- 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)