

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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DATE OF REVIEW: MARCH 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of chronic pain management program.

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

MD, Board Certified in Family Practice

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)

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

- Unimed records and documents
- TWCC forms – various
- Medical Evaluation per Dr. on 2/22/07
- Clinical notes from Dr.
- Notes from Dr.
- Mental Health Evaluation by
- Notes from Dr.
- Chronic Pain Management Program – various providers
- Case Management Services notes from RN

- Dr.'s notes
- Operative Report dated 12/11/06
- FCE on 1/3/07
- Notes from Drs. MRI report on L-5 spine dated 6/20/05 and L-5 x-ray reports from 5/19/05 and 6/20/05
- records dated 5/4/05

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained work related injury on. He was treated with medications, work restrictions, chiropractic care, physical therapy, ESI, rhizotomies, and shoulder surgery on 8/22/06. He eventually entered a chronic pain program and after 20 sessions had subjective and objective improvement. Additional sessions were denied and that decision was upheld.

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

PATIENT HAD A COMPLICATED COURSE OF BACK AND SHOULDER PAIN. AFTER EXHAUSTIVE MEDICAL CARE AND SURGERY TO HIS SHOULDER, HE ATTENDED A CHRONIC PAIN PROGRAM. DURING HIS INTENSIVE TREATMENT IN THIS PROGRAM, HIS ANXIETY AND DEPRESSION SIGNIFICANTLY IMPROVED. HIS ROM INCREASED AND HIS PAIN DECREASED. DOCUMENTATION STATES HIS PAIN MEDICATION WAS DECREASED 50% WITH THE INTENT TO TAPER OFF COMPLETELY. HIS GAF IMPROVED AS WELL. SINCE THIS PATIENT HAD SIGNIFICANT PROGRESS AND HAS NOT YET PLATEAUED IN HIS PROGRAM, TEN ADDITIONAL SESSIONS WOULD BE PRUDENT, MEDICALLY NECESSARY AND MOST LIKELY BENEFICIAL FOR THIS PATIENT.

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)**