

IRO REVIEWER REPORT TEMPLATE –WC

DATE OF REVIEW:

03/07/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic pain management five times a week for six weeks equaling thirty sessions.

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

Doctor of Osteopathy, Boarded in Anesthesiology, Specializing in Pain Management

REVIEW OUTCOME

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

Upheld (Agree)

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.

Deny chronic pain program five times a week for six weeks equaling thirty sessions as not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Referral dated 02/27/07
- Case Report dated
- Letter dated 02/09/07 from RN
- Texas Department of Insurance: Notice to Case Assignment dated 02/07/07
- Texas Department of Insurance: Confirmation of Receipt of a Request For a Review dated 02/06/07 with attachments
- LHL009: Request for a Review by an Independent Review Organization dated 02/06/07
- Letter dated 01/30/07 from LVN
- Impairment and Functional Assessment Services: Functional Capacity Evaluation dated 01/22/07
- Letter dated 01/22/07 from LPN
- New Established Patient Examinations (handwritten) dated 10/18/06, 05/30/06

- Independent Medical Evaluation dated 09/22/06 from D.O.
- Initial Interview dated 09/11/06 from M.A. and M.A.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male. The injured individual works as a mover. He had physical therapy (PT) and shoulder injections in 08/2006, but no orthopedic follow up is presented or discussion of whether surgery is warranted. He had a consult for work hardening which said he is nonsurgical but there is no documentation from a surgeon regarding this and his Independent Medical Exam (IME) done at the same time recommended only orthopedic follow up. Aside from that, he is taking only Vicodin and Flexeril without any evidence of drug reliance issues to warrant detoxification requiring a chronic pain program. He has no overt psychological issues to warrant a comprehensive pain program. His only limitations appear to be his functional level and left arm abilities. His Functional Capacity Exam (FCE) of 01/2007 noted he is at light/medium and requires heavy Physical Demand Level (PDL). This deficit alone does not warrant a chronic pain program as the deficit can be corrected with job directed functional restoration.

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

The pain program is denied, as the injured individual has not exhausted orthopedic input. His IME in 09/2006 suggested orthopedic follow up and there is no indication that has been done or surgery suggested or ruled out as documented by an orthopedic consult. Also, the injured individual has functional limitations only without any evidence of psychologic dysfunction or excessive medication reliance problems to warrant a chronic pain program. At most, it appears he requires further physical conditioning in order to meet his job requirements. A chronic pain program is reserved for an injured individual who has exhausted all lower levels of care (surgery may be an option here) and who has combined psychiatric, pain, and functional issues which is not the case here.

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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 KNOWLEDGBASE

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
Bonica's Management of Pain. Third edition; Copyright 2000.