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88 Black Falcon Avenue, Suite 353 Boston, MA 02210 (T) 800-227-1464 (F) 617-375-7777

IRO REVIEWER REPORT TEMPLATE –WC

DATE OF REVIEW:
03/20/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Please review the item(s) in dispute: Twenty (20) sessions of Chronic Pain Management Program.

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.

Twenty (20) sessions of Chronic Pain Management Program is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- Case Report dated
- Referral dated 03/02/07
- Texas Department of Insurance: Confirmation of Receipt of a Request For a Review signed 02/28/07
- Texas Department of Insurance: Request For a Review By An Independent Review Organization dated 02/26/07
- Texas Department of Insurance: Notice to Case Assignment dated 03/01/07
- Texas Department of Insurance: Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 03/01/07
- Prospective Review Response dated 02/28/07 from M.D.
- Letters dated 02/13/07, 01/19/07 with attached Pre-Authorization Decision and Rationale
- Request for Authorization for Chronic Pain Management Program dated 02/06/07, 01/10/07
- Handwritten notes dated 02/06/07, 01/16/07, 09/27
- Follow-Up notes dated 01/22/07, 12/11/06 from M.D.

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- M.D.: Chart notes dated 11/20/06, 11/01/06, 08/16/06, 07/26/06
- Report signed 11/12/06 from M.D. and CA
- Medical Report-Workers' Compensation Insurance signed 10/05/06
- Chronic Pain Assessment dated 09/19/06 from M.D.
- Chronic Pain Fax Referral Form dated 10/29/97
- Undated Summary of Medical history prior to injury

PATIENT CLINICAL HISTORY [SUMMARY]:
The injured individual is a female. The injured individual had two subsequent lumbar surgeries. She then had epidural steroid injections (ESIs), a spinal cord stimulator (SCS) trial that failed due to her overt depression, suicide attempts with hospitalization, individual psychiatry, group psychiatry, biofeedback, a chronic pain program in 11/2006, and physical therapy (PT). She is on multiple medications (psychiatric and short acting narcotics). It does not appear necessary to revisit all the therapies proposed in a chronic pain program in someone who failed to benefit from them before.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The injured individual has had two lumbar surgeries followed by months of psychiatric, biofeedback, and physical therapy (PT). She was in a chronic pain program with a Dr. noted in 11/2006 and it was noted she was also getting PT at this time. In addition to already having been in a chronic pain program, the injured individual had all elements of a typical pain program already (psychiatric, biofeedback, group therapy, and PT). Repeating this as encompassed in another chronic pain program is not warranted.

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

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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION): BONICA'S MANAGEMENT OF PAIN. THIRD EDITION. COPYRIGHT 2000.