

# MEDICAL REVIEW OF TEXAS

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**DATE OF REVIEW: MAY 4, 2007**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic Pain Management Program, 20 days/sessions (CPT Code: 97799-CP)

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

MD, Board Certified in Neurology and Psychiatry

**REVIEW OUTCOME**

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

- Upheld (Agree)
- X 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**

- Request for chronic pain management program from Healthcare; 1/30/07
- Chronic pain management treatment plan from Healthcare
- Denial of request for CPM by Insurance Company; 2/2/07
- Reconsideration of CPM program from Healthcare; 2/21/07
- Appeal denial from Indemnity Company; 3/5/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a compensable injury to her lumbar spine while performing her customary duties as a book orderer. She was stacking boxes filled with books, which weighed approximately 30-40 pounds. She lifted a 5-pound box

and heard her lower back pop. She continued to work that day as there were only 15 minutes left on her shift. She did not experience any pain, apparently, until she got home. The injury was on a Friday. She did not report her injury until returning to work the following Monday. She sought medical attention/treatment that first day seeing the company doctor. She was treated conservatively with pain medication, electrical stimulation, ultrasound, TENS unit, and physical therapy. The MRI scan of the lumbar spine on 10/26/05 reportedly showed an asymmetric left lateral disc bulge at L3-4, mild asymmetric left posterolateral and lateral disc bulge with mild left neural canal narrowing at L4-5, and a mild left posterolateral disc bulge at L5-S1. The patient has also undergone three epidural steroid injections in the lumbar spine. She failed a work-conditioning program due to pain limiting her participation. She underwent individual psychotherapy. She has had persistent pain; she has had physical therapy and has been on various medications.

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

THIS PATIENT FULFILLS CRITERIA FOR DIAGNOSIS OF CHRONIC PAIN AS OUTLINED BY THE AMA, THE AAPM, AND THE AAPMR. THE ACOEM AND THE NATIONAL GUIDELINE CLEARING HOUSE AND TWCC GUIDELINES FOR TREATMENT OF PATIENTS WITH CHRONIC PAIN SYNDROME RECOMMEND MULTIDISCIPLINARY BEHAVIORALLY BASED PAIN MANAGEMENT FOR TREATMENT OF PATIENTS WITH CHRONIC PAIN SYNDROME. THIS PATIENT HAS EXHAUSTED CONSERVATIVE THERAPY FOR HER PAIN SYNDROME. THIS PATIENT MEETS CRITERIA FOR TREATMENT IN A BEHAVIORALLY BASED PAIN MANAGEMENT PROGRAM.

**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**
  - \* **AMA**
  - \* **AAPM**
  - \* **AAPMR**
  - \* **THE NATIONAL GUIDELINE CLEARING HOUSE**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**