



**DATE OF REVIEW:**

05/18/2007

**IRO CASE #:**

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

Ten (10) sessions of a chronic behavioral pain management program.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, 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.

Ten (10) sessions of a chronic behavioral pain management program are not medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

MCMC Referral Form dated 05/01/07

Letter dated 04/19/2007

DWC: Confirmation of Receipt of a Request For a Review By An Independent Review Organization (IRO) dated 04/19/07

DWC: Request for a Review By Independent Review Organization Form dated 04/12/2007

Notification dated 03/02/2007 and 04/02/2007

Notice to MCMCllc of Case Assignment dated 04/30/2007

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male with injury. This pain program was denied twice due to lack of supporting clinical findings, history, and failed treatment.

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

The injured individual is a with injury. The injured individual has low back pain as a diagnosis but there is no information provided regarding prior treatment, injections, surgery, lower levels of care tried, medications, pain program evaluation or testing to justify this request. Therefore based on the submitted information, the medical necessity of the requested chronic behavioral pain management program can not be substantiated.



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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 KNOWLEDGEBASE**

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

Bonica's Management of Pain. Third edition; Copyright 2000.