

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** MAY 17, 2007

**IRO CASE #:**

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

Medical necessity of proposed 20 sessions of chronic pain management (97795)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

## **REVIEW OUTCOME**

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

- Upheld (Agree)  
XX Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
307.89	97795		Prosp				10.17.04		Overturned

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-24 pages

Respondent records- a total of 36 pages of records received to include but not limited to: Request for an IRO, Letter SRS, 4.2.07, 4.20.07; records Clinic, 3.28.07, 4.13.07; Notes, Dr., 3.22.07

Requestor records- a total of 13 pages of records received to include but not limited to: records Clinic, 3.28.07, 4.13.07, 5.2.07; Notes, Dr., 3.22.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an individual with a back injury undergoing multiple procedures for treatment including epidural steroid injections, treatment with Hydrocodone, Skelaxin, Motrin, and aspirin. He continues to have a visual analog scale pain of 8/10 to 9/10. Psychological testing revealed poor coping skills and he has been requested to have chronic management program. The denial was based on the fact that the patient was only getting “aspirin and over the counter medications” and that there was no clear indication for the need for the program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC’S POLICIES/GUIDLEINES OR THE NETWORK’S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The chronic pain management is an appropriate program for nonsurgical or postsurgical patients with intractable pain that interferes with their ability to earn an income and to participate in their usual daily activities. This individual has a psychological set showing poor coping skills and this will likely be the final intervention in his road of treatment and return to work. The goals stated for the chronic pain management program are reasonable and appropriate for this individual. For these reasons, I believe this individual is an appropriate chronic pain management candidate for 20 sessions of chronic pain management based on standards of the community for chronic pain management of injured workers.

**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
- XX 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)