

# Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038  
972.906.0603 972.255.9712 (fax)

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**DATE OF REVIEW:** MAY 22, 2007

**IRO CASE #:**

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

Medical necessity of Chronic Pain Management program, 20 sessions

## **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
337.20	Chronic Pain Mgt (97799)		Prosp	20					Overturned

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

TDI-HWCN-Request for an IRO-14 pages

Respondent records- a total of 80pages of records received to include but not limited to:

Request for an IRO; letters, 3.19.07, 3.30.07; Pain and Injury Clinic, 1.23.07-3.26.07; Services notes, 12.8.06-1.18.07; Dr. notes, 7.31.06, 11.8.06, 1.10.07; Dr. notes, 4.24.06; Diagnostics report, 2.6.06, 9.22.06; MRI and X rays Rt wrist, 2.21.06; MRI Lumbar Spine, 3.17.06

Requestor records- a total of 53 pages of records received to include but not limited to: Speciality Clinic, 1.4.06-1.26.07; Notes, Dr. 3.9.06-1.10.07; Notes, Dr. 3.16.06-7.17.06; Notes, Dr. 5.1.06; Report, Dr. 9.21.06; Services notes, 12.8.06-1.18.07; MRI and X rays Rt wrist, 2.21.06; MRI Lumbar Spine, 3.17.06

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was injured after being after being employed for one month in a food preparation corporation where she was making egg rolls. She slipped on a wet floor and fell, injuring her shoulder, wrist, and back. She has had shoulder decompressive surgery for rotator cuff injury and has had a carpal tunnel release and has had epidural steroid injections for lumbar disc injury with EMG showing left radiculopathy by Dr. Surgery on the shoulder was performed by Dr..

### **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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

This individual is in a tertiary state of care. She is over a year and a half and closing in on 2 years post injury. She has had 2 surgeries and multiple surgical procedures in the form of injections for treatment of intractable pain. She continues to take narcotic pain medications and has had a psychological workup revealing poor coping and adjustment skills and chronic perception of disabled personality. Chronic pain management programs are designed specifically for this type of patient in mind to help them transition from disability mindset to return to function mindset and to give them the tools they need psychologically to support them and help them through their recovery. Chronic pain management is recommended based on standards of care from community with these programs.

The carrier's denial is very vague and unclear and does not speak any specifics in this case as to why it does not require chronic pain management. As a treating physician, this type of patient with multiple body areas injured, multiple surgeries, and ongoing pain are typically the best individuals served by pain management programs. While they may or may not ever return to full employment, they typically benefit from the education they receive regarding coping skills and expectations and become more functional in their life.

### **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)