

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 8, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 Sessions of Chronic Pain Management Program

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

MD, Board Certified in Family Practice

REVIEW OUTCOME

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

- Upheld (Agree)
- 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

- * denial letter by Dr. (7/30/07) and letter to uphold denial by Dr. (9/5/07)
- * Notes from Dr. (8/10/07, 6/5/07)
- * Multiple TWCC forms from 9/26/06 – 5/15/07
- * Dr. notes from 9/26/06 – 5/15/07
- * Reference to DOE per Dr. on 3/21/05 with 11% IR (records not submitted)
- * Progress notes from Dr. (4/18/07, 6/18/07) including a FCE, and medical necessity letter on 8/8/07
- * Medical records from, MS (7/24/07, 8/22/07)

* ODG and ACOEM guidelines were submitted with paperwork

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient slipped and fell at work on xx/xx/xx. She had extensive treatment including off-work, rest, muscle stimulator, medications, ESI x-3, chiropractic care, individual psychotherapy, physical therapy, work hardening program, HEP, and carpal tunnel release as well as a trigger finger release. She apparently returned to modified work in 2004 but discontinued due to discontent and persistent symptoms. At time of latest records, she continues to have very high pain levels with significant anxiety and depression. Requested sessions for CPMP were not certified and an appeal was also denied. Apparently there is some issue with her current diagnosis being involved with her compensable injury but there is insufficient information to make that determination.

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

THIS PATIENT SUSTAINED AN INJURY ON XX/XX/XX AND AFTER COMPREHENSIVE MEDICAL AND SURGICAL TREATMENT STILL HAS SIGNIFICANT SYMPTOMS OVER 4 YEARS LATER. HER CHANCES OF HAVING A SIGNIFICANT DECREASE IN HER SYMPTOMS, INCREASE IN HER FUNCTIONALITY OR HER ABILITY TO RETURN TO WORK ARE VIRTUALLY NIL AT THIS POINT. SHE HAS RECEIVED BASICALLY EVERY MODALITY OFFERED IN A RIGOROUS CPMP WITH MINIMAL OR NO PROGRESS. ALSO, IT IS UNCLEAR WITH HER LEVEL OF DEPRESSION (BDI) AND ANXIETY (BAI) AND HER LACK OF RESPONSIVENESS TO MEDICATIONS AND PSYCHOTHERAPY IF SHE WOULD EVEN BE A GOOD CANDIDATE FOR SUCH A RIGOROUS, TIME INTENSIVE PROGRAM. FOR THESE REASONS, THE NON-CERTIFICATION IS UPHOLD.

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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**
- 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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)