

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 10/25/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 97799- Unlisted physical medicine/rehabilitation service or procedure (chronic pain management program 5 times per week for two weeks) for 724.4 (Thoracic or lumbosacral neuritis or radiculitis, unspecified).

QUALIFICATIONS OF THE REVIEWER:

This physician attended Rajshahi Medical College in Bangladesh, where he also participated in a rotating internship at the Rajshahi Medical College Hospital. He received a diploma in pediatrics in 1988 at the National University of Ireland. From 1993 to 1996, he completed a residency in general psychiatry at Brookdale University Hospital. At State University of New York, he completed a fellowship in child and adolescent psychiatry in 1998. Since graduation, he has worked internationally, and provided psychiatric services in hospitals and treatment centers.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

1. 97799- Unlisted physical medicine/rehabilitation service or procedure (chronic pain management program 5 times per week for two weeks) for 724.4 (Thoracic or lumbosacral neuritis or radiculitis, unspecified). Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a review dated 10/9/2007
2. Health care plan dated 9/26/2007
3. Review organization dated 10/5/2007
4. Clinical note by PhD, dated 9/6/2007
5. Review summary by PhD, dated 9/5/2007
6. Clinical note by DC, dated 10/2/2007
7. Review summary dated 9/28/2007
8. Notice to air, dated 10/10/2007
9. Clinical note by PhD, dated 9/6/2007
10. Review summary by PhD, dated 9/5/2007
11. Clinical note by DC, dated 10/2/2007
12. Review summary by DC, dated 9/28/2007
13. Clinical note dated 4/10/2007
14. Clinical note dated 3/30/2007
15. Certification request dated 3/28/2007
16. Treatment plan dated 5/4/2007
17. Prescription note dated 3/20/2007
18. Clinical note dated 3/28/2007
19. Health insurance claim form dated 3/13/2007
20. Examination findings by MD, dated 3/12/2007
21. Clinical note dated 3/20/2007
22. Health insurance claim form dated 4/3/2007
23. Systems re-evaluation dated 3/28/2007

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24. Clinical note dated 3/20/2007
25. Clinical note dated 4/4/2007
26. Clinical note dated 5/4/2007
27. Physical performance form by DC, dated 4/30/2007
28. Treatment plan dated 5/2/2007
29. Clinical note dated 5/4/2007
30. Physical performance exam by DC, dated 4/30/2007
31. Treatment plan dated 5/2/2007
32. Clinical note dated 5/9/2007
33. Corrected report by DC, dated 5/9/2007
34. Health insurance claim form dated 1/23/2007
35. Clinical note by PA-C, dated 1/22/2007
36. Clinical note by MD, dated 1/22/2007
37. Health insurance claim form by J MD, dated 8/11/2007
38. Clinical note dated 8/9/2006
39. Health insurance claim form by MD, dated 8/11/2007
40. Clinical note dated 8/2/2006
41. Clinical note dated 6/15/2007
42. Pre-certification request dated 6/12/2007
43. Performance exam
44. Notice to utilization, dated 10/10/2007
45. Quality of care dated 8/14/2007
46. Weekly summary dated 8/17/2007
47. Performance exam by DC, dated 8/24/2007
48. Clinical note by M LPC, dated 9/25/2007
49. Clinical note by PhD, dated 10/25/2007
50. Review summary dated 9/5/2007
51. Clinical note by PhD, dated 9/6/2007
52. Review summary dated 9/5/2007
53. Amended report by DC, dated 8/24/2007
54. Quality of care dated 8/28/2007
55. Weekly summary dated 8/28/2007
56. Quality of care dated 8/21/2007
57. Weekly summary dated 8/21/2007
58. Weekly summary dated 8/11/2007
59. Quality of care dated 8/14/2007
60. Weekly summary dated 8/17/2007
61. Performance exam DC, dated 8/24/2007
62. Notice of assignment dated 10/10/2007
63. Physician performance exam note by DC dated 03/02/2005
64. Clinical note dated 05/17/2004
65. Clinical note dated 05/17/2004
66. Re evaluation note dated 09/09/2005 and 10/11/2005
67. Physical performance exam note by DC dated 03/24/2005
68. Physical performance exam note by MA dated 10/10/2005
69. Clinical note dated 05/24/2004
70. Re evaluation note dated 10/25/2007
71. Clinical note dated 05/54/2004
72. Physical performance exam note by DC dated 03/24/2005
73. Graph note dated 10/25/2007
74. Systems examination note dated 05/25/2005
75. Re evaluation note dated 04/22/2005
76. Systems examination note dated 04/22/2005
77. Re evaluation note dated 05/04/2005
78. Systems examination note dated 05/27/2005
79. Re evaluation note dated 01/26/2005 to 10/19/2005 multiple dates
80. Re evaluation note dated 2/23/2005 to 10/17/2005 multiple dates
81. System examination note dated 3/25/2005
82. System re evaluation note dated 11/29/2006
83. System examination note dated 11/29/2006
84. System re evaluation note dated 3/28/2005 and 10/17/2005

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85. System examination note dated 9/20/2005
86. System re evaluation note dated 10/17/2005 and 3/1/2007
87. Examination findings note dated 10/4/2005 and 9/25/2006
88. Examination findings note, dated 4/22/2005
89. Impairment rating examination note dated 11/16/2006
90. Evaluation note dated 2/26/2005
91. Treatment summary note dated 6/22/2005
92. Clinical note dated 9/13/2005 and 10/17/2005
93. System re evaluation note dated 10/17/2005
94. Clinical note dated 9/13/2005 and 10/17/2005
95. Daily progress and therapy notes dated 6/6/2007 and 6/8/2007
96. System re evaluation note dated 3/28/2007
97. Daily progress and therapy notes dated 4/18/2006 to 6/5/2007 multiple dates
98. Clinical note dated 9/12/2005 to 10/17/2005 multiple dates
99. Work status report note dated 10/25/2007
100. Work status report note dated 6/30/2005 and 8/3/2005
101. Medical evaluation report note dated 11/20/2006
102. Work status report note dated 4/27/2005
103. Pain rehabilitation program note dated 8/27/2007 and 8/28/2007
104. Weekly summary note dated 8/28/2007
105. Treatment plan note dated 8/28/2007
106. Weekly physical summary note dated 8/28/2006
107. Weekly summary note dated 8/28/2007
108. Clinical note dated 8/27/2007 to 8/31/2007 multiple dates
109. Pain rehabilitation program note dated 8/22/2007 to 8/24/2007 multiple dates
110. Weekly summary note dated 8/21/2007
111. Treatment plan note dated 8/21/2007
112. Weekly summary note dated 8/21/2007
113. Weekly summary note dated 8/21/2007
114. Clinical note dated 8/20/2007 to 8/24/2007 multiple dates
115. Pain rehabilitation program note dated 8/27/2007 and 8/28/2007
116. Weekly summary note dated 8/28/2007
117. Treatment plan note dated 8/28/2007
118. Weekly summary note dated 8/28/2007
119. Weekly summary note dated 8/28/2007
120. Clinical note dated 8/27/2007 to 8/31/2007
121. Pain rehabilitation program note dated 8/13/2007 and 8/14/2007
122. Weekly summary note dated 8/14/2007
123. Weekly summary note dated 8/14/2007
124. Treatment plan note dated 8/14/2007
125. Weekly summary note dated 8/17/2007
126. Pain rehabilitation program note dated 8/15/2007 to 8/17/2007 multiple dates
127. Clinical note dated 8/13/2007 to 8/17/2007 multiple dates
128. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This employee is a male who injured his left upper extremity and low back. He had a prior low back injury and had a fusion at L5/S1. The injured employee underwent left shoulder, left elbow, and additional back surgery relative to the injury. The injured employee had 10 sessions of work hardening, which was unsuccessful in preparing him to return to work. The injured employee was also diagnosed with diabetes, cardiac problems, hypertension, and asthma. At this time, this case is under review to determine the medical necessity for chronic pain management program 5 times per week for 2 weeks.

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

This employee had his injury more than two years ago. He has multiple medical conditions including a pacemaker for his heart. The injured employee had been offered a supervisor position as long as he could function at the medium physical demand level. In addition to prior completion of 10 sessions of work hardening, he has also concluded 10 sessions of chronic pain management program.

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As per submitted physical performance evaluations (PPE), the employee had not made any progress in lifting. He is still functioning at the same capacity. The employee's offered job requires functioning at the medium physical demand level and he is already functioning at that level. His psychological symptoms have already improved. There has been a minimal tapering of his narcotic pain medications. Medical necessity of further need for chronic pain management program is not established. Therefore, the previous denial is upheld.

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
X 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)

"Integrative summary reports include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." - Pain (Chronic) ODG Integrated Treatment/Disability Duration Guidelines

AMR Tracking Num: