

IRO Reviewer Report

Date of Review: 10/04/07

IRO Case #:

Description of the Service or Services in Dispute:

Ten sessions of chronic behavioral pain management

A Description of the Qualifications for Each Physician or Other Health Care Provider Who Reviewed the Decision:

The TMF physician reviewer is board certified in pain management, is on the TDI-WC approved doctor's list and is familiar with the treatment or proposed treatment.

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.

It is determined that the ten sessions of chronic behavioral pain management are not medically necessary to treat this patient's condition.

Information Provided to the IRO for Review:

- Letter from Insurance– 09/18/07
- Report of Medical Evaluation by Dr.– 03/22/07
- Report of Medical Evaluation by Dr.– 12/18/06
- Letter of determination from Insurance – 07/11/07, 08/01/07

- Evaluation by Healthcare - 06/22/07
- Functional Capacity Examination by Healthcare – 06/22/07
- Information for requesting for IRO – 09/14/07

Patient Clinical History [Summary]:

This patient sustained a work related injury when she slipped on a wet floor and injured her back, arms, shoulders, ribs, neck and knees. The patient was diagnosed with lumbar discogenic pain, lumbar radiculopathy, bilateral lumbar facet syndrome, cervical discogenic pain, cervical radiculopathy, and bilateral cervical facet syndrome. The patient has been treated with physical therapy, medication, TENS unit and surgery to the left knee.

Analysis and Explanation of the DECISION INCLUDE clinical basis, Findings and Conclusions Used to Support the Decision:

The ODG 10th edition guidelines are:

- 1) An adequate and thorough evaluation has been made: The evaluation does not meet this criterion. It is cursory without the usual in depth instruments such as an MMPI.
- 2) Previous methods have been unsuccessful: This criterion has been met.
- 3) The patient has a significant loss of ability to function: This criterion has been met.
- 4) The patient is not a surgical candidate: This criterion has been met.
- 5) The patient exhibits motivators to change and is willing to forego secondary, including disability payment to effect this change: This criterion has not been met.

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
- AHCPH - 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 judgment, 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)