

Date of Review: 10/18/07

IRO Case #:

Description of the Service or Services in Dispute: Chronic 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 family medicine, 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 chronic pain management is not medically necessary to treat this patient's condition.

Information Provided to the IRO for Review:

Information for requesting review by an IRO – 09/24/07

Letter of determination from Inc. – 09/05/07, 09/24/07

Letter– 10/03/07

ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic) – no date

Behavioral chronic pain management group session notes – 08/24/07, 08/27/07, 08/29/07, 08/31/07

Chronic Pain Management Program Daily Activity Sheet – 08/24/07, 08/27/07, 08/29/07

Message Therapy Session notes – 08/24/07, 08/29/07

Report of functional capacity evaluation – 08/15/07

Letter to from Clinic– 10/03/07

Request for reconsideration by Dr.– 09/12/07

Concurrent report by LPC – 08/17/07, 08/29/07
Request for preauthorization by Dr.– 07/16/07
Mental Health Evaluation by LPC – 07/06/07

Patient Clinical History [Summary]:

This patient sustained a work related injury while working as a for an apartment project. This resulted in injury to his left knee and lower back. The patient has been treated with knee surgery, back surgery, physical therapy, medication, chronic pain management, individual psychotherapy and aqua therapy.

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

This patient has undergone several surgeries as well as physical therapy followed by a 24 session chronic pain management program. The patient's pain level remains at 7-8 and even though the treating doctor has stated that the patient's use of medication has decreased, this is not documented in the progress notes. In addition, the 24 sessions of chronic pain management should have been adequate to "cement" his gains. There is no indication that further treatment would be beneficial.

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)