



IRO REPORT

DATE OF REVIEW: 10/10/07

AMENDED DATE: 10/25/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied request for 60 additional hours of multidisciplinary pain management.

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

Texas Licensed Psychiatry M.D.

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)

The previously denied request for 60 additional hours of multidisciplinary pain management.

| Injury Date | Claim # | Review Type | Begin Date | End Date | ICD-9/DSMV | HCPCS/NDC | Billing Modifiers | Service Units | Amount Billed |
|-------------|---------|-------------|------------|----------|------------|-----------|-------------------|---------------|---------------|
| | | Prospective | | | | | | | |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax Cover Sheet dated 9/27/07, 8/27/07, 8/7/07, 6/25/07, 5/24/07, 5/3/07.
2. Notice to CompPartners dated 9/27/07.
3. E-mail dated 9/24/07.
4. Confirmation of Receipt of a Request for Review dated 9/17/07.

5. Adverse Determination dated 8/30/07, 8/9/07.
6. Letter/Response to Request for IRO dated 10/2/07.
7. Request for Approval dated 2/28/07.
8. Letter/Office Visit dated 2/22/07.
9. Patient Orders dated 2/22/07.
10. Letter Regarding Referral dated 2/15/07.
11. Quantitative Functional Evaluation dated 2/16/07.
12. Quantitative Functional Evaluation Summary dated 2/16/07.
13. Mental Health Evaluation dated 2/22/07.
14. Service Requested dated 5/24/07, 5/2/07.
15. Patient Face Sheet dated 5/3/07.
16. Prescription dated 4/2/07.
17. Request for Transfer of Pre-Authorized Chronic Pain Management Program dated 5/2/07.
18. Chronic Pain Management Interdisciplinary Plan & Goals of Treatment dated 4/5/07.
19. History & Physical Chronic Pain dated 5/1/07.
20. Physical Therapy Evaluation and Treatment Plan dated 5/1/07.
21. Initial Behavioral Medicine Consultation dated 4/5/07.
22. Radiologic Interpretation dated 4/30/07.
23. Extended MRI Lumbar Spine without Contrast dated 2/12/04.
24. Office Visit dated 4/5/06, 6/10/04.
25. Follow-Up dated 3/30/06, 8/17/04.
26. Patient Notes dated 6/10/04, 5/25/07.
27. Non Authorization Notice dated 5/7/07.
28. Reconsideration: Request Continuation of Chronic Pain Management Program dated 5/24/07.
29. Authorization after Reconsideration Notice dated 6/4/07.
30. Chronic Pain Management Program dated 8/7/07, 6/25/07.
31. Continuation: Request for 90 Additional Hours of the Chronic Pain Management Program dated 6/25/07.
32. Physical Therapy Re-Evaluation and Treatment Plan dated 8/2/07, 6/22/07.
33. Extension Notice dated 6/29/07.
34. Continuation: Request for 60 Additional Hours of the Chronic Pain Management Program dated 8/7/07.
35. Reconsideration: Chronic Pain Management Program (Modified) Preauthorization Request dated 8/27/07.

NO TREATMENT GUIDELINES WERE PROVIDED BY THE URA/CARRIER FOR THIS REVIEW.

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Lifting.

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

The patient is a man who sustained work-related injury to her lumbar spine, while performing his customary duties as a . He was lifting a heavy bag when he sustained this injury, and according to reports, he has received the following primary treatments and procedures: applications of ice, heat, TENS unit, massage therapy, aquatic therapy, three epidural steroid injections, facet joint injection, cortisone shots, physical therapy, biofeedback therapy, X-rays, pain management evaluation, and a surgical consultation. He was not a candidate for surgery. The patient then started a multidisciplinary pain management program called PRIDE, and he attended that for two weeks, but he was discharged from the program because he could not comply with the narcotics tapers scheduled. Since then, he has been participating in a chronic pain management program run by a Texas Health. To date, he has attended five full days and 30 hours of this program, which is approximately a little less than 90 hours. He had attended 10 days of the PRIDE program before he transferred. From the documentation available from the program, it appears that the patient was not able to engage in this program. According to Dr. report, the patient had “failure of fair dealing on a multitude of issues.” But since he has been attending the Program, he has apparently been able to improve on his tolerance for sitting, standing, walking, lifting. He has started attempting yard work, and his social activity has increased. He has been attending the program, while maintaining fulltime employment, and he has managed to decrease his narcotic medications, although rather slowly. Currently, he is still using 22.5 mg of hydrocodone daily and 700 mg of Soma daily. He is also using Soma on his Motrin, and he has been treated with Wellbutrin 300 mg, Ambien 12.5 mg, and Effexor 75 mg. The Official Disability Guidelines relating to chronic pain program suggests “treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.” Program has requested 90 extra hours of pain management treatment. In view of the fact that the patient is deriving benefit from this program, and it seems to be much more suited to his ability to work and the narcotic taper appears to be something that he is able to accomplish. Also, he showed benefit in terms of physical gains. This reviewer would suggest that the 90 hours of pain management be allowed so that the patient would then complete approximately 4 weeks in Program. Generally, 4 weeks in a pain management program are considered sufficient, but in this case, apparently, the patient did not derive much benefit from the first program. Admittedly, there was not much in the notes that were sent for review relating to the first program, which was the Program.

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 CHRIOPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
