

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

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799: Unlisted physical medicine/rehabilitation service or procedure (chronic pain management for 20 days for 7-8 hours a day)

QUALIFICATIONS OF THE REVIEWER:

The reviewer graduated from Wayne State University with a bachelor of philosophy. He received his medical degree at Chicago College of Osteopathic Medicine and Surgery. He did his internship at Martin Place Hospital East and West and completed his residency in Physical Medicine and Rehabilitation at Southfield Rehabilitation Center and at Rehabilitation Institute of Detroit Wayne State University. The reviewer has been board certified since 1981.

REVIEW OUTCOME:

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

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

97799: Unlisted physical medicine/rehabilitation service or procedure (chronic pain management for 20 days for 7-8 hours a day) Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review of assignment note dated 9/24/2007
 2. Request for a review dated 9/21/2007
 3. Request for a review dated 9/18/2007
 4. Clinical note DO, dated 9/4/2007
 5. Clinical note DO, dated 9/4/2007
 6. Clinical note dated 8/31/2007
 7. Review summary dated 9/28/2007
 8. Review organization note dated 9/24/2007
 9. Notification of determination note dated 9/4/2007
 10. Clinical note dated 9/4/2007
 11. Clinical note dated 8/31/2007
 12. Per authorization request note dated 3/8/2007
 13. Subsequent medical report dated 3/1/2007
 14. Per authorization request note MD, dated 8/15/2007
 15. Pre authorization request note MD, dated 8/23/2007
 16. Pre authorization request note dated 9/17/2007
 17. Pre authorization request note by MD, dated 9/17/2007
 18. Pre authorization request note by MD, dated 8/23/2007
 19. Follow up evaluation note MD, dated 7/17/2007
 20. Per authorization request note MD, dated 8/15/2007
 21. Follow up evaluation note MD, dated 4/10/2007
 22. Follow up evaluation note MD, dated 1/23/2007
 23. Mental health evaluation note dated 9/6/2007
 24. Follow up evaluation note MD, dated 1/23/2007
 25. Operative report MD, dated 8/31/2006
 26. Follow up evaluation note dated 10/31/2006
 27. Initial evaluation note dated 8/15/2006
 28. Pain management note dated 8/15/2006
 29. Follow up evaluation note MD, dated 10/31/2006
 30. Follow up evaluation note MD, dated 10/31/2006
 31. Initial evaluation note dated 8/15/2006
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32. Pain management note dated 8/15/2006
33. Initial evaluation note dated 8/15/2006
34. Initial evaluation note dated 8/15/2006
35. Clinical note MD, dated 9/28/2007
36. Operative report dated 9/28/2007
37. Radiology report MD, dated 2/1/2007
38. Radiology report MD, dated 2/1/2007
39. Radiology report MD, dated 2/1/2007
40. Follow up evaluation note dated 7/17/2007
41. Subsequent medical report MD, dated 1/26/2007 and 3/1/2007
42. Progress assessment note MD, dated 3/28/2007 to 7/30/2007
43. Subsequent medical report MD, dated 12/28/2006
44. Letter of clarification note MD, dated 5/30/2007
45. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is a xx -year-old male who was diagnosed with displacement of the lumbar intervertebral disc without myelopathy, a neck sprain/strain, and left shoulder internal derangement. The injured employee underwent 8 physical therapy sessions of four weeks, took pain medications Cyclobenzaprine, Effexor and Lorcet, and received an injection to relieve his pain. The doctor requested that he undergo chronic pain management for 20 days for 7 to 8 hours a day. This case is under review to determine the medical necessity of this treatment.

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

The claimant has undergone all lower levels of care including physical therapy and interventional blocks. He continues a VAS pain level of 7 out of 10 on a daily basis, he is on opioid narcotics and other medications, and his psychological testing indicates a significant level of depression causing a significant decrease in functionality. He has had a brief trial of psychotherapy which has been unsuccessful in treating his depression and admission into an interdisciplinary pain management program will provide a diversity of treatments including physical therapy, psychotherapy, occupational therapy, and medication management with the goals of complete cessation of opioid narcotics. The medical records indicate that he has expressed a desire to return to the work force which is a realistic goal and with all other care failing an IPM program appears to be his last chance for normalcy and a quality productive life. This rationale is consistent with the ODG guidelines below. If any further questions, reference ODG 31000.

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)

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