
Notice of Independent Review Decision

DATE OF REVIEW: 9/6/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic pain management 5x/wk X 6 wks.

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

This case was reviewed by a board certified psychiatrist on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>HCPCS/ NDC</i>	<i>Units</i>	<i>Begin/End Date</i>	<i>Type Review</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
724.4	97799		8/1/07-10/1/07	Prospective				
724.2	97799		7/19/07-9/19/07	Prospective				

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 8/17/07
2. Determination Notices – 7/24/07, 8/7/07
3. Records and Correspondence– 7/13/07

4. Records and Correspondence from MD – 5/9/07-7/9/07
5. Records and Correspondence from Joint Clinic – 2/27/07-7/6/07
6. Records and Correspondence – 7/19/07
7. Records and Correspondence from MD – 10/11/06

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury. Records indicate the member sustained injury to his back and leg when he slopped carrying a 200 pound manifold. Records reported he slipped on a slick spot and fell doing the splits. Diagnoses have included anxiety, depression, musculature tension, chronic pain syndrome, thoracic lumbosacral neuritis, lumbago, post-laminectomy syndrome, lumbar radiculopathy, and myofascial pain syndrome. Evaluation and treatment for this injury has included MRIs, EMG/NCS, physical therapy, medications, urology evaluation, injections, individual psychotherapy and surgery.

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

The Official Disability Guidelines (ODG) recommend no more than 2 weeks without evidence of demonstrated efficacy but this provider is requesting 6 weeks. Furthermore, the patient has only had 5 psychotherapy sessions. The evaluation indicated that the patient is highly symptomatic but there is no indication that he has been tried on antidepressant medications. Although he is on the medication Elavil, there is no evidence that he is on an antidepressant dose and it is unclear who is prescribing this medication. In addition, there is no evidence of a psychiatric evaluation. The data reviewed indicated that ODG guidelines are not met as there is no indication that the patient is motivated and no indication that previous treatment has been unsuccessful. The patient has not had an adequate trial of a less intensive level of care. Therefore, the requested chronic pain management services are not deemed medically necessary for treatment of the patient's condition at this time.

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 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)