

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 4/18/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 20 sessions of chronic pain management program

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from Univ of Oklahoma College of Medicine and completed training in Family Practice Wilford Hall Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Family Practice since 1976.

REVIEW OUTCOME:

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

- | | |
|----------------------|----------------------------------|
| Upheld | (Agree) |
| X Overturned | (Disagree) |
| Partially Overturned | (Agree in part/Disagree in part) |

1. 20 sessions of chronic pain management program Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. IRO request form dated 4/4/2008
2. Request for a review dated 4/4/2008
3. Review summary by LVN, dated 3/17/2008
4. Review summary by RN, dated 3/6/2008
5. Standard reconsideration dated unknown
6. Notice dated 4/7/2008
7. Clinical note dated 4/7/2008
8. IRO request form dated 4/4/2008
9. Pre-authorization review summary by RN, dated 3/6/2008
10. Standard reconsideration dated unknown
11. Clinical note by MD, dated 3/6/2008
12. Plan and recovery dated 3/3/2008
13. Fax cover sheet dated 3/3/2008
14. Pre-authorization request by MD, dated 2/29/2008
15. Mental health evaluation by MD, dated 2/19/2008
16. Preauthorization review summary by LYN, dated 3/17/2008
17. Standard independent review dated unknown
18. Clinical note dated 3/13/2008
19. Pain and recovery dated 3/11/2008
20. Request for reconsideration by MD, dated 3/7/2008
21. Pre-authorization request by MD, dated 2/29/2008
22. Mental health evaluation by MD, dated 2/19/2008
23. Fax cover sheet dated 3/11/2008
24. Chronic pain programs dated 4/7/2008
25. Clinical note dated 4/10/2008

Name: Patient_Name

26. Preauthorization review by RN, dated 3/6/2008
27. Preauthorization review by LVN, dated 3/17/2008
28. Follow up medical report by DC, dated 3/12/2008
29. Functional capacity evaluation dated 3/10/2008
30. Testing conclusions, dated unknown
31. Supplemental information dated unknown
32. Static strength report dated 3/13/2008
33. Report of medical evaluation by MD, dated 2/27/2008
34. Review of medical history by MD, dated 2/27/2008
35. Impairment rating report dated 2/27/2008
36. Functional capacity evaluation, dated 3/10/2008
37. Strength report dated 3/10/2008
38. Status work dated 3/11/2008
39. Clinical note by MD, dated 2/19/2008
40. Follow up medical report by DC, dated 1/9/2008 and 2/13/2008
41. Clinical note dated 11/19/2007
42. Report of medical evaluation dated 11/12/2007
43. Report of medical evaluation by MD, dated 11/12/2007
44. Review of medical history dated 11/12/2007
45. Status work dated 11/19/2007
46. Preauthorization review by LVN, dated 11/7/2007
47. Follow up visit dated 10/25/2007
48. Clinical note dated 10/31/2007
49. Follow up visit dated 10/25/2007
50. Invasive pain management dated unknown
51. Follow up medical report by DC, dated 10/23/2007
52. Clinical note by MD, dated 10/19/2007
53. Radiology report by MD, dated 9/28/2007
54. Radiology report by DO, dated 9/20/2007
55. Radiology report by MD, dated 8/24/2007
56. Radiology report by MD, dated 8/24/2007
57. Clinical note by MD, dated 10/19/2007
58. Clinical note dated 10/19/2007
59. Patient information form dated 9/26/2007
60. Radiology report by MD, dated 9/28/2007
61. Radiology report by DO, dated 9/20/2007
62. Follow up medical report by DC, dated 9/26/2007
63. Clinical note dated 8/28/2007 to 9/19/2007, multiple dates
64. Radiology report by MD, dated 8/24/2007
65. Radiology report by MD, dated 8/24/2007
66. Clinical note dated 8/22/2007
67. Preauthorization review summary by RN, dated 8/22/2007
68. Clinical note dated 8/13/2007 to 8/20/2007, multiple dates
69. Initial medical report by DC, dated 8/10/2007
70. Clinical note dated 8/10/2007
71. Clinical note dated 8/7/2007 to 8/8/2007
72. Clinical note dated 8/7/2007
73. Clinical note dated 8/15/2007
74. Request for pre-authorization dated 8/10/2007
75. Status work dated 8/10/2007
76. Initial medical report by DC, dated 8/10/2007
77. Status report dated 8/9/2007
78. Clinical note dated 8/7/2007
79. Official Disability Guidelines

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This patient is a female diagnosed with pain in cervical area, lumbar area, and in right knee. It was also noted that the patient had psychogenic pain. The denied treatment called for a 20 session chronic pain management program.

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

This employee sustained an injury to her cervical and lumbar region and right knee. The initial injury occurred when she slipped, twisted, and fell while at work. She subsequently had an MRI on 9/20/2007 which revealed spondylosis and diffuse central canal narrowing extending inferiorly from the C3 level with a broad-based 3mm posterior disc protrusion at C5-6 and C6-7. MRI of the knee on 9/28/2007 revealed chondromalacia. On 10/19/2007 an EMG/NCV showed evidence of a subacute left C6-7 nerve root irritation. She later had physical therapy and a brief course of psychotherapy. She is currently pregnant and is not taking any medications. This chart consists of admin forms, a Mental Health Exam dated 2/19/2008, a request for reconsideration of a previously denied appeal dated 3/7/2008, an FCE dated 3/12/2008, several clinical summaries with the most recent one dated 2/27/2008, MRI reports, EMG/NCV report dated 10/19/2007, a lumbar spine x-ray report dated 8/24/2007, and numerous medical progress reports with the most recent one dated 3/12/2008. The FCE indicated the possibility of functioning at a light PDL, but recommended a sedentary PDL due to her pregnancy. The most recent progress note indicated persistent complaints of low back pain with exam findings indicating a decreased ROM.

An adequate and thorough evaluation of this injured worker has been accomplished, including baseline functional testing. This gives a baseline needed to document functional improvement during the CPMP. Previous methods of treatment have not been successful. Due to her pregnancy, she is unable to take medicines without some degree of risk. Surgery would also pose some risk for the fetus. The safest approach for the fetus is a drug-free, non-operative approach to her care. She has experienced a significant loss in her ability to function. She has chronic 6/10 pain and has been unable to return to work at her normal capacity and retain her pre-injury wages. The fact that physical activity exacerbates the pain has made it difficult to regain her previous level of activity. She has undergone lower levels of psychological intervention to begin addressing any negative predictors of success. This CPMP is a Multidisciplinary program which does involve a team approach. In summary, although there may be other factors in this case, the provider indicates that this injured employee does have chronic pain, functional deficits, and a depressive reaction in response to the compensable injury. Twenty sessions of a CPMP are medical necessary and appropriate in accordance with the ODG guidelines. Therefore, the previous denial is overturned.

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)