

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: APRIL 28, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed chronic pain management program X10 sessions (97799)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.1	97799		Prosp	10					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 158 pages of records received to include but not limited to: letters 4.8.08, 3.4.08, 3.21.08; provider list, records(including notes, reports, studies) 5.4.07-3.18.08; FCE 2.5.08

Requestor records- a total of 115 pages of records received to include but not limited to: letter 4.7.08; Request for an IRO forms; Records(including notes, reports, studies) 5.4.07-3.18.08; letter 3.4.08, 3.21.08; notes, Dr. 12.15.07; FCE 2.27.08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was working when he sustained an on-the-job-injury. His reported injuries included his lumbar spine, right shoulder, and right ribs. He had been employed for approximate a year when the accident occurred. The claimant's history is that he was watering plastic pipes in order to keep dust particles down. He slipped in some water and fell backwards against an iron object that was behind him. He had a loss of consciousness for about a minute. He had dizziness and balance problems. He felt pain in his back, right shoulder, and right ribs. He was seen in the emergency room the same day and had x-rays and an MRI. Subsequent to that, he was treated by Dr. On 04/25/2007, he switched treatment to Dr..

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Medication management has been extensive including Duragesic patches. He has completed 20 days of a pain management program and increased from a sedentary to a light/medium PDL level. The patient's initial diagnosis is listed as a thoracic sprain. I have reviewed the denials for the sprain and contusion. Typically, sprains and contusions heal with or without therapy and intervention. This individual has made seemingly slow progress for the first 20 days of the pain management program.

There is little evidence to suggest that despite his progress that he will achieve a substantially different functional level with an additional 10 sessions on the program. Based on ODG guidelines and all records provided for review, it is my conclusion that an additional 10 days of the chronic pain management program or IPRP is not warranted and is not likely to achieve substantial improvements based on his current rate of progress. Certainly, the level and style of his injuries do not warrant this type of program over 2 1/2 years after the initial injury, despite his failure of other treatments. It appears that he has not made significant progress with this treatment and he will likely require ongoing medication management. This program will not likely result in his changing that medication management. Therefore, I uphold the carrier's denial.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES