

Notice of Independent Review Decision

DATE OF REVIEW: 08/13/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of concurrent chronic behavioral pain management program. 5 X 2

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in full time private practice of Pain Management

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.2	97799		Prosp.	10					Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 06/27 & 07/18/08, including criteria used in the denial (ODG)
3. Reconsideration request 07/10/08
4. Pain management consultation 02/26/08 and progress note 03/11/08
5. LPC assessment 02/04/08
6. H&P 01/11/08 and follow up 02/13 – 06/26/08
7. Pain management treatment documentation 03/24/08 – 07/16/08

INJURED EMPLOYEE CLINICAL HISTORY:

This xx-year-old female suffered a work-related injury on xx/xx/xx after a slip-and-fall incident. She has been treated with injections, medications, physical therapy, individual counseling, and a twenty-day pain management program. The injured worker has been off work since 04/24/08.

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

The ODG Guidelines number five has not been met. This Guideline states that the patient should have motivation to change and is willing to forego secondary gains including disability payments to affect this change. There is no indication that the patient is willing to forego secondary gains and return to work. The goals met in this program have been minimal, particularly in the area of functionality. Pain levels are still high, and there has been only modest improvement in functional capacity. The ODG Guidelines state that total treatment duration should generally not exceed twenty sessions. The request for additional sessions state that her slow progress is related to hypertension. That is not a reasonable assumption and should not

be a factor in the patient's progress towards goals. Therefore, there has not been medical necessity demonstrated for an additional ten pain management sessions.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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