



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 08/11/08 (AMENDED 08/14/08)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 hours of a chronic pain management program

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

Licensed by the Texas State Board of Chiropractic Examiners

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

80 hours of a chronic pain management program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A peer review from , M.D. dated 02/21/07
An undated report from , S.W.A., L.P.C.
An undated Physician Advisor Referral Form from , R.N.
Letters from , D.C. dated 01/22/08 and 06/23/08
Evaluations with Mr. dated 01/22/08 and 01/30/08
A Physician Advisor Referral Form from , Ph.D. dated 01/29/08
A letter of denial from I dated 01/30/08
A letter of denial, according to the ODG, from , Ph.D. dated 07/01/08
A letter of denial from , according to the ODG, dated 07/02/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 02/21/07, Dr. felt the patient had degenerative disc disease and felt that no further treatment was necessary for the compensable injury. On 01/22/08 and 01/30/08, Dr. recommended a pain management program. On 01/30/08 and 07/02/08, wrote letters of denial for the pain management program. On 07/01/08, Dr. wrote a letter of non-authorization for the chronic pain management program.

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

The patient has already completed a chronic pain management program and had returned to work and was working up until her retirement. The submitted information does not satisfy ODG requirements as set forth in the pain chapter for chronic pain management programs and, specifically, it would appear that based upon the patient's chronic ongoing complaints that there would be negative predictors of completion of the chronic pain program at this juncture. Therefore, the requested 80 hours of a chronic pain management program are not reasonable or necessary.

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 AND KNOWLEDGE BASE
- 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)**