

**NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION**  
*Workers' Compensation Health Care Non-network (WC)*

**12/30/2008**

**DATE OF REVIEW: 12/30/2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

160 hours chronic pain management program

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

Texas State Licensed Doctor of Chiropractic

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Assignment to 12/11/2008
2. notice to URA of assignment of IRO 12/11/2008
3. Confirmation of Receipt of a Request for a Review by an IRO 12/10/2008
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 12/08/2008
6. PA perauth request 12/05/2008
7. appeal preauth UR letter 10/27/2008
8. initial preauth UR letter 10/13/2008
9. Patient profile 10/01/2008
10. Appeal letter from MD 10/17/2008
11. Pre authorization for chronic pain management (not dated)
12. PA SOAP notes 09/12/2008
13. ERGOS supporting data report evaluatee data 09/12/2008
14. PA treatment plan, multidisciplinary team, treatment goal & pre-auth request for chronic pain management 09/12/2008
15. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

The history on this case is that the patient who is a , this is a PDL level of heavy, on or about xx/xx/xx, was apparently picking up a steel plate which weighed in excess of 100 pounds, and felt a pop in his back with immediate pain.

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

Per the ODG guidelines, the criteria have not been met for this patient to receive 160 hours of a CPM program. There is not an indication that this particular injured worker has had documented functional restoration, has not had symptom relief, or evidence of recovery. There are not significant indications or evidence that this would be an effective management of this patient's problems.

**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 KNOWLEDGBASE
- 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)