

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 10 sessions of chronic pain management (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)
- XX 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
843.8	97799		Prosp	10					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 100 pages of records received to include but not limited to: letter, 11.20.07, 10.26.07; notes, 5.24.07-11.15.07; PT notes, 10.11.07; PPE 10.12.07

Requestor records- a total of 249 pages of records received to include but not limited to:

Notes, Dr., 9.6.06-11.16.07 ; Rehab notes, 11.15.06; MRI L-Spine 2.1.07; MRI pelvis, 2.1.07; notes, Dr., 9.22.06; notes, Dr., 3.6.07; xray report, 9.22.06; PT notes, 10.11.06-10.11.07; PPE 12.11.06, 8.15.07, 10.12.07, 10.23.06; Pain management notes, 7.9.07-9.28.07; Inc., notes, 5.24.07-9.28.07; Conference notes, 11.7.06-12.21.06

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman sustained a work-related injury when he injured his left hip. He was operating a forklift, went over rough trade and sustained an avulsion fracture to the superior acetabulum in the left hip. He has had intractable hip-related pain since that time. He has participated in several weeks of chronic pain management and has been able to reduce his visual analog pain score only by about one point, but has had significant reduction in his PAIRS score and has had motivation for return to work and seems to be benefiting from the treatments provided. He has shown a significant reduction in use of pain medication and his functional status seems to be improving.

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.

URA decision: overturn carrier's denial for 10 additional sessions of chronic pain management rationale. In my opinion, this individual does meet the ODG guidelines, showed increase in function to warrant pain management program. It has been effective in helping him reduce his pain medication utilization and he is goal oriented towards return to work. These are consistent with the ODG guidelines, which include:

1. Adequate and thorough evaluation with med.
2. Previous methods of treating chronic pain have been unsuccessful.
3. The patient has significant loss of ability to function independently resulting from chronic pain.
4. The patient is not a candidate for surgery except it is clearly warranted.
5. The patient exhibits motivation to change. He is willing to forego secondary gains including disability payments to affect his change.
6. Negative predictors of success above have been addressed.

In my opinion, this has been the case. This individual met these criteria and should benefit from the additional treatment recommended.

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