

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity proposed 20 sessions of chronic pain management

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
307.89			Prosp	20					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-28 pages

Respondent records- a total of 157 pages of records received to include but not limited to: Employer's First Report; report, Dr., 2.28.08; letter; RME 4.2.08; records, Dr., 4.2.08; letter 3.27.08; CT Pelvis, 9.6.07; records, Dr. 9.5.07-11.30.07; Health Systems, 8.29.07-8.30.07; x-ray shoulder 9.6.07; x-ray abdomen 8.29.07; Clinic 10.16.07-10.30.07; 10.16.07-10.30.07; Medical

Business Management 9.19.07-3.19.08; Medical records 9.8.07-12.13.07; Health Solutions 10.12.07; DME/EMS descriptions; HCPCS-2006 codes; records 9.5.07-9.6.07

Requestor records- a total of 66 pages of records received to include but not limited to:
Records- Medical 9.19.07-3.13.08

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual is a xx-year-old at the School District and has been employed there for 20 years. He was injured on xx/xx/xx. He had currently evidently sat on a post where the seat had been removed and sustained a rectal tear and fell backwards striking his shoulder blade, back, and neck. He developed a lumbar disc herniation, cervical radiculitis and a contusion to the shoulder. He had an extensive workup at Medical Centers in and was admitted to Hospital for evaluation of the rectal tear and a urologic examination. He also had an MRI showing evidence of lumbar disc herniation as well as a proctoscopy evaluation. He has declined epidural steroid injections and has been treated with pain medications. He has not been able to return to work and is about a year out form work.

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.

His previous denial was based on the fact that the reviewer, Dr., did not believe that he had an adequate trial of other treatments. In my review of the case, I believe that he has had excellent trial of all other possible treatments. From a medical standpoint, if he chooses not to have epidural steroid injections, then a chronic pain management program is an appropriate treatment to help get him back to work. This is within the ODG guidelines in use of this treatment. This treatment has been used in conjunction with ODG guidelines. Furthermore, the designated doctor evaluation at xx found that he was not at maximal medical improvement and that he did need additional care and in January of 2008, anticipated MMI sometime in the future.

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