

# MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

**DATE OF REVIEW: MARCH 3, 2008**

**IRO CASE #:**

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

Chronic Pain Management x 10 Sessions

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

MD, Board Certified in Family Practice

**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**

- \* Denial letter 1/25/08 –Ph.D.
- \* Appeal denied 2/11/08 –Ph.D. with ODG Guidelines
- \* Reconsideration request – [2/6/08]
- \* A FCE 1/15/08
- \* Records from including psychological testing [6/6/07, 8/1/07, 10/11/07, 10/17/07, 10/24/07, 10/30/07, 11/6/07, 11/13/07]
- \* Medical note from CPMP [1/9/08]
- \* Notes from Dr. [5/30/07, 6/27/07, 7/25/07, 8/29/07, 10/17/07, 12/3/07, 1/2/08]
- \* Surgical report – Hip replacement 8/18/00

- \* MRI reports L-S spine [7/8/07, 2/29/08]
- \* Electrodiagnostic studies by Dr. [June, 2007]
- \* Letter from Attorney with duplicate medical records
- \* Records review – Dr. - 10/10/07 with ODG Guidelines
- \* CD Rom disc with ODG Guidelines
- \* Physical therapy notes including initial evaluation by [7/10/07, 7/12/07, 7/17/07, 7/19/07]
- \* Right hip x-ray [10/23/07]
- \* FCE by [11/27/07]
- \* Multiple records from CPMP including notes from individual psychotherapy, group therapy, group exercise, biofeedback and progress notes [1/2/08 through 1/21/08]
- \* Initial evaluation by Dr. [1/11/08]
- \* Psychological evaluation – [2/1/08]

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related injury on xx/xx/xx. There is some discrepancy in the records whether she fell or not while mopping. She had extensive evaluation and treatments including being off work, medications, physical therapy, 5 weeks of a CPMP (records not enclosed), psychotherapy, and eventually surgery. letter reflects the patient had two hip replacements while the majority of records reflect the patient had a right hip replacement on 8/18/00. The patient continued to have extensive, conservative treatment culminating in a CPMP from 1/2/08 to 1/21/08. Requests for additional CPMP were denied.

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

THE PATIENT SUSTAINED AN INJURY ON XX/XX/XX. AFTER EXTENSIVE, CONSERVATIVE TREATMENT AND SURGERY, SHE CONTINUED TO HAVE SYMPTOMS. APPARENTLY SHE HAD 5 WEEKS OF A CPMP IN 1999 AND AGAIN IN 2008. SHE CONTINUED TO HAVE SIGNIFICANT SYMPTOMOLOGY INCLUDING PAIN, ANXIETY, AND DEPRESSION. SHE STILL HAS YET TO RETURN TO WORK, HER LEVEL OF FUNCTIONING HAS NOT IMPROVED SIGNIFICANTLY. SHE HAD MODERATE LEVELS OF ANXIETY AND DEPRESSION AND SHE STILL REQUIRES A FAIR AMOUNT OF MEDICATIONS FOR PAIN TOLERABILITY. AT THIS POINT, THE MEDICAL NECESSITY OF FURTHER CPMP CANNOT BE JUSTIFIED. PRIOR ATTEMPTS IN CPMP HAS BEEN UNSUCCESSFUL. THE ODDS OF HER SYMPTOMS IMPROVING, MEDICATIONS DECREASING, OR LEVEL OF FUNCTIONING IMPROVING ARE ABOUT NIL AT THIS POINT. UNFORTUNATELY, SHE HAS EXHAUSTED CONSERVATIVE AND SURGICAL OPTIONS 10 YEARS AFTER HER ORIGINAL INJURY. FURTHER CPMP CANNOT BE JUSTIFIED FOR THIS PATIENT.

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### **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 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**