

# MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

AMENDED 3/21/08

**DATE OF REVIEW: MARCH 17, 2008**

**IRO CASE #:**

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

Chronic Pain Management Program (5x4)

**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 with ODG Guidelines [12/28/07]
- \* Uphold non-certification by Dr. [1/23/08]
- \* Medical records from Dr. [4/24/06, 8/14/06, 5/22/06, 6/19/06, 10/9/06, 7/12/07, 1/28/08, 2/20/08, 9/11/06]
- \* Dr. DC records from 4/12/06 – 12/14/07
- \* Records per Dr. from 12/12/06 – 12/3/07
- \* NCV/EMG report per Dr. [7/11/06]

- \* [7/12/07, 8/3/07, 11/14/07]
- \* IRO 5/23/07 with ODG Guidelines
- \* IRO Summary [2/29/08]
- \* TWCC forms 4/13/06 – 1/28/08
- \* MRI report of C-spine [5/24/06]
- \* MRI report of left shoulder [5/31/06]
- \* Left shoulder x-ray report [7/1/06]
- \* Notes from Dr. [7/1/06, 7/22/06, 8/5/06]
- \* CMT on 7/22/06
- \* Note from Dr. [7/25/06]
- \* DDE per Dr. [3/6/07]
- \* Unsigned appeal letter dated 8/23/07
- \* Behavioral/mental health evaluation [12/12/07]
- \* Notes from LPC [12/17/07 and 1/8/08]

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related injury. She had extensive conservative treatment with suboptimal response. Dr. recommended surgery but apparently this was not authorized and there is some controversy whether her surgical condition is due to the work injury. A DDE done by Dr. 3/6/07 placed the patient at MMI with an 8% IR. The issue of whether this patient was, or is, at MMI is disputed by her treating physician. Dr. noted in her review on 1/23/08 that patient had no barriers to return to work, elected not to return to work, and has no motivation to return to work. Request for CPMP was denied and an appeal upheld that determination.

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

THIS PATIENT HAD AN INJURY AND HAD EXTENSIVE CONSERVATIVE TREATMENT. SHE HAS HAD ALL THE SIGNIFICANT MODALITIES IN A CPMP INCLUDING PHYSICAL THERAPY AND PSYCHOTHERAPY. SHE HAS HAD CHIROPRACTIC CARE AND MEDICATIONS AS WELL. A CPMP FOR THIS PATIENT IS NOT JUSTIFIED BY THE MEDICAL RECORDS SUBMITTED. IT WOULD BE REDUNDANT FOR ALL THE CONSERVATIVE TREATMENT SHE ALREADY HAD. CERTAINLY, IF THE PATIENT IS UNMOTIVATED AND HAS ELECTED NOT TO RETURN TO WORK, THIS IS ANOTHER REASON THAT A CPMP WOULD BE INAPPROPRIATE.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X 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)**