

Notice of Independent Review Decision

DATE OF REVIEW: 10/07/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of chronic pain management

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

The TMF physician reviewer is board certified in physical medicine/rehabilitation with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the 10 sessions of chronic pain management is medically necessary to treat this patient's condition

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for obtaining review by an IRO – 10/29/08
- Preauthorization determination letter – 08/20/08, 09/12/08
- Request for review by an IRO – 10/16/08
- Appeal letter from – 09/05/08

- Request for preauthorization – 08/07/08
- Behavioral medicine evaluation – 07/28/08
- Physical Assessment Evaluation and Treatment Plan – 07/30/08
- Multidisciplinary Chronic Pain Management Physical Therapy Goals – 08/07/08
- Medical History by Dr – 08/06/08
- Functional Capacity Examination – 08/06/08
- Weekly schedule for chronic pain management program – no date
- Comprehensive peer review by Dr. – 09/11/08
- Peer review summary by Dr. – 08/19/08
- Record review by Dr. – 08/17/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when she was lifting a tray of mail resulting in immediate onset of pain to the left wrist. The patient has been diagnosed with carpal tunnel syndrome and underwent carpal tunnel release surgery on 01/22/08. She is also being treated with narcotic pain medication and treating physician is requesting that the patient participate in a chronic pain management program at 8 hours a day for 5 days a week for 2 weeks.

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

This patient has received an extensive diagnostic and treatment course of care. She has been evaluated for an outpatient chronic pain management program (CPMP) and it has been determined that she is an appropriate and good candidate for the program. The medical record indicates that the patient takes one 10mg tablet of hydrocodone per day on average and this low dosage of narcotic usage is not a contraindication in itself for a CPMP or return to work. The CPMP, if successful, may result in a complete weaning of the narcotic medication.

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)