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Notice of Independent Review Decision

DATE OF REVIEW: 10/14/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten additional sessions of chronic pain management

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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.

Ten additional sessions of chronic pain management - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A Physical Performance Evaluation (PPE) with , D.C. dated 03/10/08
Treatment plans from an unknown provider (the signature was illegible) dated 06/24/08, 07/01/08, and 07/08/08
Evaluations with, D.O. dated 06/24/08 and 08/19/08
An interdisciplinary conference weekly sign-in sheet dated 07/01/08
A precertification request from Ms. dated 07/14/08
Letters of non-authorization, according to the ODG, from Corporation dated 07/16/08 and 08/11/08
An evaluation with an unknown provider (no name or signature was available) dated 07/22/08
A request for appeal letter from dated 08/04/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 03/06/08, Ms. requested 10 sessions of a chronic pain management program. Based on a PPE with Dr. on 03/10/08, the pain program was again requested. On 06/24/08, Dr. recommended trigger point injections with myofascial release, possible Myobloc injections, Gabapentin, possible SI joint injections, and a chronic pain management program. On 07/14/08, Ms. requested additional sessions of the pain management program. On 07/16/08 and 08/11/08, wrote letters of non-authorization for further sessions of the pain management program. On 08/04/08, requested 10 more sessions of the pain management program. On 08/19/08, Dr. provided Cymbalta, Trazodone, and Neurontin.

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

This patient was never, and is not currently, an appropriate candidate for a chronic pain management program. Chronic pain management programs are only medically reasonable and necessary when all other treatment options have been exhausted. Despite being admitted to the chronic pain management program, the patient's medications were immediately increased by Dr. Moreover, he indicated that the patient should undergo trigger point injections, possible MyoBlock injections, and left sacroiliac joint injection. Clearly, then, the patient has not exhausted all the appropriate medical treatment options. Despite the additions of three new medications and an increase in their dose during the chronic pain management program, the patient's pain level has not at all decreased. Moreover, despite discontinuation of the chronic pain management program after the initial 10 sessions, the patient's pain has not changed, except for an increase in her neuralgia paresthetica symptoms, symptoms which have nothing whatsoever to do with the work injury or the cervical or lumbar spine surgeries performed allegedly for treatment of that work injury. Since Dr. continues to document the necessity for primary and secondary levels of treatment for this patient, including trigger point injections, myofascial release, and sacroiliac joint injections, it is entirely inappropriate for this patient to have

even started a chronic pain management program, much less for an additional ten sessions to be completed. This patient has not completed all appropriate medical treatment. In fact, despite being admitted to a chronic pain management program, the patient is now taking more medication than she did before the program, yet has not had any significant pain relief. According to the ODG treatment guidelines, nationally accepted medical standards of care, and medical literature regarding appropriateness of chronic pain management programs, this patient is not an appropriate candidate for any additional or further chronic pain management sessions. Therefore, the recommendation is for non-authorization by the two separate physician advisors is upheld. The request for an additional ten sessions of chronic pain management program is, therefore, not medically reasonable or necessary. It is entirely inappropriate for a patient to be admitted to a chronic pain management program when the admitting or the supervising physician continually documents the need for other treatments and, in fact, starts the patient on new medications, increasing their dosage, during the chronic pain management program.

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 AND KNOWLEDGE BASE**
- ☐ **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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**