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Notice of Independent Review Decision

DATE OF REVIEW: 09/15/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Final 10 sessions of chronic pain program

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

Licensed in Pain Management and Anesthesiology

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.

Final 10 sessions of chronic pain program - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an injury on or about xx/xx/xx when he was working on a truck. He tripped and fell and allegedly struck the left side of his face, which was subsequently sutured. He subsequently had numerous complaints including neck pain, right arm pain, thoracic pain, lumbar pain and right leg pain. He has

apparently not worked since the accident. Surgery was noted to be performed on his neck in July of 2007. EMG/NCV studies were also performed and the patient has undergone a chronic pain program. His most recent medications were noted to be Hydrocodone, Acetaminophen, and Flexeril.

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

Dr. clearly stated in his initial evaluation on 04/28/08 that this patient had no physical examination of any abnormality, with no objective findings to corroborate his subjective pain complaints. Dr. also noted that a full spine CT myelogram had been performed, again demonstrating absolutely no structural abnormalities. Additionally, Dr. noted the patient has undergone electrodiagnostic studies, which were similarly entirely normal. Therefore, this patient does not have any objective medical documentation that would substantiate the need for the requested additional sessions of chronic pain management. ODG Treatment Guidelines, in fact, document that it is not appropriate to continue a chronic pain management program beyond one to two weeks at most without clear, significant evidence of improvement, motivation, and functional improvement. In this case, based on the medical documentation, this patient has not demonstrated any of those criteria. Therefore, it does not appear that this patient has obtained any clinically significant benefit from the at least 21 sessions of chronic pain management program that he has undergone so far. There is no support in either ODG Treatment Guidelines or medical literature on chronic pain management programs for any more than twenty sessions absent extraordinary or extenuating circumstances. There are no such circumstances in this patient's case, and, therefore, no justification for any further chronic pain management program sessions. There is no medical reason, necessity, justification, or support in either nationally-accepted treatment guidelines or medical literature for the requested additional chronic pain management sessions.

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)