

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/16/08

**IRO CASE #:**

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

Repeat bilateral NCV study, lower extremities, and ten (10) sessions of physical therapy.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in private practice of Pain Management full time since the early 90's

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
	97110		Prosp.	10					Upheld
722.81	95903		Prosp.	1					Upheld

**INFORMATION PROVIDED FOR REVIEW:**

- TDI case assignment
- Letters of denial and UR documentation 08/19/08 & 08/27/08, including criteria used in denial (ODG).
- Pain management progress notes 06/25/08 & 08/11/08
- Radiology Reports: 08/26/1999, 01/20, 02/18, 02/22/2000, 10/04/2004, 02/18/2006

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual was injured in xxxx and had extensive treatment modalities including physical therapy, injections, and multiple surgeries. The pain persists.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

According to the ODG Guidelines, at this stage in her treatment the injured worker should repeating physical therapy is not recommended. The NCV studies are not indicated. These studies have been performed previously, and there is no indication of a change in the patient's clinical status to justify repeating these procedures.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
  - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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