

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 09/23/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of a chronic interdisciplinary pain management program.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified Neurologist and fellowship-trained Pain Specialist

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>
847.2	97799		Prosp.		08/01/08				Upheld
847.2	97799		Prosp.		08/18/08				Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial dated 08/1/08 and 08/18/08
3. Preauthorization request dated 07/28/08 and request for reconsideration dated 08/13/08
4. Environmental interventions
5. History and physical dated 07/25/08
6. Partial Capacity Evaluation dated 07/17/08
7. Treatment plan and goals dated 07/15/08
8. Initial Behavioral Medicine consultation dated 12/07/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant is an individual who sustained a work-related injury on xx/xx/xx when he fell down seven or eight stairs while holding a tray of flowers while performing his customary duties. The claimant has had ongoing right shoulder pain as well as low back pain along with difficulties with mood and sleep. Workup has included MRI scan of the right shoulder as well as MRI scan of the lumbar spine and EMG/NCV studies of the lower extremities.

This claimant has undergone treatment with outpatient psychotherapy, physical therapy and work hardening, as well as medication trials including short-acting opioids, and membrane stabilizers such as Lyrica. There is some indication that this claimant has undergone orthopedic consultation; though specific notes from an orthopedist or recommendations for surgery are not clear from the records; though there apparently has been some determination that this claimant would not be considered a good surgical candidate. There does not appear to have been pain management specialty consultation. Because of the claimant's continued symptoms of pain as well as difficulty in returning to his usual line of work (which is apparently his desire), as well as affect his mood, social functioning, and sleep, a recommendation has been made for treatment in a multidisciplinary chronic pain management program for ten sessions in order to work on symptomatic control, medication management/reduction, improved functioning, mood, and sleep abilities, and eventual return to work.

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

I do agree with previous reviewers that perhaps all treatment options have not been exhausted prior to the use of a tertiary multidisciplinary chronic pain management program. Until the claimant has pursued consultation with a pain specialist, this determination of being a good candidate or a poor candidate is yet to be determined.

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.)