



Notice of Independent Review Decision  
**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 9/26/2008  
**IRO CASE #:**

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

97799: Unlisted physical medicine/rehabilitation service or procedure (80 hours of interdisciplinary chronic pain management program)

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 2006 and Pain Management since 2006.

**REVIEW OUTCOME:**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

97799: Unlisted physical medicine/rehabilitation service or procedure (80 hours of interdisciplinary chronic pain management program) Upheld

**INJURED EMPLOYEE CLINICAL HISTORY**

**[SUMMARY]:**

The injured employee is a male who presented with low back and right hip pain after a work-related injury on xx/xx/xx. A lumbar MRI showed a 6 mm disc fragment at L5, pressing on the right S1 nerve root. He underwent chiropractic manipulations which were ineffective. He was then referred to a pain management specialist who administered trigger point injections and one epidural steroid injection.

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

Based upon review of the available medical records, an interdisciplinary chronic pain management program is not medically necessary.

Specifically, the injured worker has too many negative predictors of success suggesting a high chance of failure in the program regarding the work related injury symptomatology. The patient has had psychiatric evaluation in the past which has revealed high levels of preexisting non work related psychosocial distress with high levels of pretreatment and preinjury depression. This includes a personality disorder schizoid in nature, long standing since childhood. Secondly, the injured worker has had an extremely long pre-referral disability time of x years of not working since the injury. Additionally, the injured worker has significant obesity and heart disease which are not work related and again suggest a poor chance of success for the program in making meaningful change in the work related condition. At this time, the chronic pain management program is considered not medically necessary and therefore the previous denial is upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

Name: Patient\_Name

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

**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)