

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: August 6, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 daily eight hour sessions of chronic pain management, to include CPT code #97799.

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Law Offices of 07/30/09

- Official Disability Guidelines, 2008

Medical records from the URA include:

- Bone & Joint Clinic, 02/05/09
- Rehabilitation Center, 02/05/09
- MS, LMFTA, LPCI, 03/10/09, 06/24/09, 06/27/09
- M.S., L.P.C., 03/10/09, 06/24/09, 06/27/09
- Diagnostic Imaging, 03/31/08
- Orthopedic and Occupational Rehabilitation, 06/30/09
- Center, 07/01/09, 07/14/09

Medical records from the Requestor/Provider include:

- MS, LMFTA, LPCI, 03/09/09, 06/27/09
- M.S., L.P.C., 03/09/09, 06/27/09

PATIENT CLINICAL HISTORY:

The description of services in dispute is ten daily eight-hour sessions (total of 80 hours) of a chronic pain management program.

This is a xx-year-old who sustained a work-related injury on xx/xx/xx, over eighteen years ago secondary to a fall from approximately 35 feet, injuring multiple body parts.

Subsequent to the injury, the patient underwent physical therapy, ultrasound, massage, electrical stimulation/TENS unit, epidural steroid injections, and surgery on his shoulder/arm. Recently, the patient complained of increased low back pain with radiation to the lower extremities. The patient completed individual psychotherapy, which indicated improvement, and anxiety and depression.

An EMG/nerve conduction study performed on March 17, 2008 reportedly revealed diagnostic confirmation of lumbar radiculopathy. The patient ambulates with a cane.

The most recent lumbar MRI from March 31, 2008 revealed foraminal stenosis with circumferential bulge at the lumbar segments, more at the lower three; impingement of the nerve roots, resulting in foraminal stenosis secondary to facet arthropathy, as well as circumferential herniations.

A functional capacity evaluation, performed on June 30, 2009, placed the patient at a physical demand level of light, which is less than his work-required physical demand level of heavy. Of note, this patient has not returned to work since his date of injury in xxxx.

Medication management as related to the patient's pain consists of Hydrocodone, Tramadol one tablet p.o. q 6-8 hours p.r.n. for pain, Lidoderm patches, Celebrex 200 mg one p.o. daily, and Amrix 15 mg one p.o. q day. A Treatment Progress Report, dated June 27, 2009, indicated that the patient had discontinued all previous pain medications (Hydrocodone and Tramadol) and was currently utilizing Lidoderm patches.

A request for chronic pain management was performed to help the patient focus on physical aspects of his recovery.

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

After a review of information submitted, the previous non-authorization for the request for ten daily eight-hour sessions of a chronic pain management program has been upheld. The main purposes of these programs are to return a patient back to some form of vocational training and wean off narcotic medications. This success is reduced drastically after one year, and this injury is over eighteen years old. There is no peer reviewed literature to support programs for these older injuries. Additionally, the timing of the intervention is suspect due to the chronicity of the injury. In accordance with ODG Guidelines, the requesting provider has not proved medical necessity.

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)**