



Notice of Independent Review Decision

DATE OF REVIEW: 08/05/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten Sessions of Chronic Pain Management

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

Board Certified in Chiropractics

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.

Ten Sessions of Chronic Pain Management - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Progress Note, Medical Centers, 10/08/08, 10/27/08, 01/19/09, 02/23/09, 03/22/09, 07/02/09
- Treatment Plan, Unknown Provider, 10/28/08
- Functional Improvement Measure, Occupational Testing, 01/28/09
- MRI of Left Hip, M.D., 01/20/09
- MRI of the Left Tibia/Fibula, Dr. 01/20/09
- Occupational Rehabilitation, 01/21/09, 01/22/09, 01/23/09, 01/26/09, 01/27/09, 01/28/09, 01/29/09, 01/30/09, 02/02/09, 02/03/09
- Industrial Rehabilitation Comprehensive Care Plan, 03/25/09, 07/08/09
- Chronic Pain Management Program, M.D., 05/27/09
- Re-Evaluation Report, Ph.D., 06/08/09
- Team Treatment Plan, Dr. 06/08/09
- Therapy Notes, Dr. 06/09/09
- Pre-Authorization Request, Rehabilitation, 06/11/09, 06/20/09
- Denial Letter 06/16/09, 06/25/09
- IRO Request, Dr. 07/09/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient injured his lower back and left leg on xx/xx/xx when he fell through a scaffold. His current diagnosis was pain in the lower leg. He had a history of left knee arthroscopy with partial medial and lateral meniscectomies, psychotherapy, ten sessions of work hardening and ten sessions of chronic pain management. The patient was reported to have reached Maximum Medical Improvement (MMI) as of 09/10/08 and received a 4% whole person impairment.

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

The requested ten sessions of chronic pain management are not medically reasonable and necessary.

Based on the ODG Guidelines, requirement is made that the patient appear to be improving with the chronic pain management program in order for the claimant to continue in the program. Based upon the supplied documentation, there is some minor improvement in a couple of the markers used to show improvement, but the vast majority showed no improvement whatsoever or actually an increase in score, indicating the patient's condition was not improving but was regressing. Therefore, based upon the ODG Guidelines and the provided documentation, my finding is for a denial for a request for ten additional sessions of chronic pain management.

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)**