

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 10, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed additional 10 sessions of chronic pain management (97799)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

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

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2	97799		Prosp	10					Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 107 pages of records received to include but not limited to:

TDI letter; letter 10.28.09, 11.4.09; records, Dr 7.15.09-11.4.09; Rehabilitation notes 8.4.09-10.28.09; , PA notes 5.1.09-10.7.09; CT Cervical post myelogram with contrast 6.30.09; Cervical myelogram 6.30.09; MRI Cervical 7.28.08; records, Dr. 7.17.09; Dr. notes 6.26.08-9.2.08; notes, Dr. 2.2.09-3.4.09; Lumbar myelogram 3.3.09; post CT 3.9.09; MRI Lumbar 5.21.08

Requestor records- a total of 18 pages of records received to include but not limited to: PHMO notice of an IRO; records, Dr 7.15.09-11.4.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

I disagree with the URA denials. I believe the pain management program is meeting the goals of chronic pain management and that there is evidence of previous conservative therapy that has been exhausted. There is evidence of marked improvement with the pain management program. A pain management program is not intended to reduce pain levels. The goal of pain management program is to increase function.

This program has clearly increased this patient's functional abilities with flexibility, strength, and stamina, while somewhat decreasing pain medication usage. For these reasons, the patient meets the ODG Guidelines for an additional certification of 10 additional sessions of chronic pain management.

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

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)