

Notice of Independent Review Decision

DATE OF REVIEW: 01/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program 10 sessions

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

Certified by the Texas Board of Chiropractic Examiners

REVIEW OUTCOME

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

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

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective		97799	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Pre-Certification Request dated 11/25/08

Evaluation dated 07/18/08

Physical Performance Exam dated 11/14/08

Official Disability Guidelines (ODG) cited

Work Loss Data Institute's Official Disability Guidelines-Treatment in Workers Comp (ODG Treatment), Multi-Disciplinary pain program in the Pain Chapter, Treatment in Workers' Comp. Integrated Treatment/Disability Duration Guidelines Pain

PATIENT CLINICAL HISTORY:

This claimant sustained a work related back injury on xx/xx/xx when pulling a pallet jack and it stopped in its tracks. Prior treatment has included conservative care, injections, and work hardening sessions.

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

In the Reviewer's opinion, the medical necessity of the requested chronic pain management program (CPMP) is not established.

The Reviewer noted that the claimant sustained an injury while at work and received treatment consisting of conservative, invasive, and return-to-work tertiary work hardening program. According to the documentation, the claimant has/had a negative employee/employer relationship and employment was terminated. Based on ODG treatment guidelines, this is a negative predictor of efficacy with the chronic pain management program. Enrollment in a CPMP is not medically warranted after completion of a work hardening program. ODG does not recommend patients go from work conditioning to work hardening to CPMP due to the repetitive nature on many of the services.

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)**