Notice of Independent Review Decision

DATE OF REVIEW: 06/18/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Six Four-Hour Sessions of Chronic Pain Management Aftercare

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

Board Certified in Physical Medicine & Rehabilitation

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient slipped and fell on a slick concrete floor, injuring his head, neck, back and

hip. He underwent numerous x-rays, diagnostic ultrasounds, an NCV/EMG study, and numerous MRI scans. He was administered an injection in his right shoulder, and underwent four sessions of Health & Behavior Interventions, as well as 20 sessions of a chronic pain management program. He was noted to be taking Darvocet N100 tid as needed and Ambien CR 12.5 mg at bedtime as needed.

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

Based upon the information provided by the treating physician, the four-hour sessions of chronic pain management aftercare times six visits do not appear to be medically reasonable or necessary.

Based upon the information provided by the treating physician in their IRO request, it is stated that aftercare is required in this case to ensure that the patient participates in his exercise program and incorporate the treatments he used in his twenty sessions of chronic pain management to continue to minimize his pain and debility from that pain. It would have been expected that the patient would have learned these effective strategies during his actual treatment with the program and should have been able to return to work as a security guard based upon the objective documentation provided upon completion of his

program. Rather, it is stated that the primary reason for the need for aftercare is that the patient does not feel he can return to his previous employment. This is not an evidence-based rationale nor reasonable goal of treatment and, therefore, does not fall within the ODG criteria for interdisciplinary chronic pain management aftercare.

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)**