



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



DATE OF REVIEW: 06/23/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 sessions of chronic pain management program

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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

1. Texas Dept of Insurance Assignment to 06/03/2009
2. Notice of assignment to URA 06/03/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 06/03/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 06/02/2009
6. Letter to IRO from Clinic 06/03/2009
7. utilization review decision 05/18/2009
8. Request for reconsideration letter 05/08/2009
9. utilization review letter 04/28/2009
10. Preauthorization request 04/22/2009
11. Mental Health evaluation 04/13/2009
12. Medical note 05/12/2009, 04/07/2009, 04/2/2009, 03/03/2009, 02/03/2009, 01/08/2009, 11/13/2008, 09/19/2008, 08/07/2008, 07/10/2008
13. Listing of patient visits with providers, treatment history & medication history
14. ODG guidelines were provided by the URA

PATIENT CLINICAL HISTORY:

Patient is a female with a history of cervical, lumbar, right shoulder, right hand, right finger, right ankle, left foot injury on xx-xx-xx. The patient has been treated with multiple treatments: medication, physical therapy, lumbar injections, and surgeries of the ankle and the shoulder. She still has chronic pain and functional deficits with a depressive reaction diagnosis, as well. The patient has been treated with individual psychotherapy and many medications. She has loss of interest, frustrations, feeling of hopelessness and helplessness, depression, sensitivity, and anger.



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She has feelings of irritability. She has sleep disturbances, decreased appetite, crying inability to relax, and nervousness. The patient is now being asked to be evaluated for the chronic pain program of 20 sessions.

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

Referring to the Official Disability Guidelines' chapter on pain where it states outpatient pain rehabilitation programs, the patient does not meet the criteria for the chronic pain management program isn't recommend for individuals whose disabled more than 24 months and re-enrollment is not medically warranted for the same condition or injury. The documentation presented does not support the medical necessity; therefore the decision is upheld.

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)