

## Notice of Independent Review Decision

**DATE OF REVIEW:**

03/17/2009/amended 3/19/2009

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic Pain Management ten additional sessions.

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

Board Certified Chiropractor

**REVIEW OUTCOME**

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

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.

**The medical necessity for the requested ten additional sessions of chronic pain management is not established.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 03/04/09 MCMC Referral
- 02/24/09 note
- 02/24/09 Notice Of Assignment Of Independent Review Organization,
- 02/24/09 Notice To MCMC, LLC Of Case Assignment,
- 02/23/09 Confirmation Of Receipt Of A Request for A Review, DWC
- 02/20/09 Request For A Review by An Independent Review Organization
- 02/20/09 request for reconsideration response letter, RN Case Manager,
- 02/13/09 Pre-Authorization Intake Form
- 02/13/09 Reconsideration
- 02/12/09 Functional Capacity Evaluation and Report of Functional Capacity Evaluation, D.C.,
- 02/12/09 Request For Reconsideration, D.C
- 01/29/09 fax cover sheet with note
- 01/29/09 Request for Additional Sessions fax
- 01/29/09 Request For Additional Sessions
- 01/28/09 Progress Summary, PhD,
- 01/28/09 Progress Notes, PhD,



- 01/28/09 Chronic Pain Daily Progress Note, D.C.
- 01/27/09 Progress Notes, PhD,
- 01/27/09 Chronic Pain Daily Progress Note, D.C.
- 01/26/09 Progress Notes, , PhD,
- 01/26/09 Chronic Pain Daily Progress Note, D.C.
- 01/23/09 office note, M.D.
- 01/22/09 Progress Notes, PhD,
- 01/22/09 Chronic Pain Daily Progress Note, D.C.
- 01/21/09 Chronic Daily Progress Note, D.C.
- 01/21/09 Progress Notes, PhD,
- 01/20/09 Progress Notes, PhD,
- 01/20/09 Chronic Pain Daily Progress Note, D.C.
- 01/19/09 Chronic Pain Daily Progress Note, D.C.
- 01/19/09 Progress Notes, PhD,
- 01/15/09 Progress Notes, PhD,
- 01/14/09 Progress Notes, PhD,
- 01/14/09 Chronic Pain Daily Progress Note, D.C.
- 01/13/09 Chronic Pain Daily Progress Note, D.C.
- 01/13/09 Progress Notes, PhD,
- 01/09/09 request for certification letter, RN,
- 12/17/08 letter from M.D
- 12/17/08 Initial Interview, PhD
- 12/17/08 (date of certification) Report of Medical Evaluation, DWC
- 12/17/08 (date employee will return to work) Work Status Report, DWC
- 12/15/08 note, Dr.
- 12/11/08 note, Dr.
- 12/10/08 prescription note,
- 12/10/08 computerized testing report
- 12/10/08 Work Status Report, DWC
- 12/10/08 Facsimile transmittal sheet with note from Dr Chiropractic
- 12/10/08 statement from M.D.
- 12/10/08 letter from M.D.,
- 12/05/08 note, Dr.
- 12/03/08 note, Dr.
- 12/01/08 note, Dr.
- 11/24/08 note, Dr.
- 11/21/08 note, Dr.
- 11/18/08 note, Dr.
- 11/13/08 note, Dr.
- 11/05/08 Physical Therapy Evaluation Report, Dr.
- 11/03/08 functional capacity evaluation, Diagnostic
- 10/27/08 note, Dr.
- 10/24/08 note, Dr.

- 10/22/08 note, Dr.
- 10/20/08 note, Dr.
- 10/17/08 note, Dr.
- 10/17/08 Letter of Medical Necessity, Dr.
- 10/08/08 note, Dr.
- 10/07/08 office note, M.D.
- 10/06/08 note, Dr.
- 10/03/08 note, Dr.
- 09/22/08 Initial Narrative Report, Dr.
- 09/22/08 (first consult date) note, Dr.
- 09/17/08 computerized testing report
- 09/17/08 letter from M.D.,
- 09/17/08 prescription note,
- 09/08/08 Operative Report, M.D., Special Surgery
- 09/08/08 Anesthesia Record, Special Surgery
- 09/08/08 diagnosis form from M.D.,
- 09/08/08 Surgery Scheduling and Admitting Form,
- 09/08/08 Pain Consultation Consent, Special Surgery
- 08/29/08 letter from M.D.,
- 08/29/08 Letter of Medical Necessity, Dr.
- 08/29/08 Supply Order, Dr.
- 08/29/08 Request for authorization of Reasonable and Necessary Services
- 08/29/08 Diagnostic Study Review by Physician, Insight Medical Diagnostics
- 08/29/08 Statement of Medical Necessity – Stimulator Fitting
- 08/29/08 Work Status Report, DWC
- 08/29/08 computerized testing report
- 08/29/08 Upper Extremity ROM – Inclination report
- 08/29/08 prescription note,
- 08/28/08 (date patient scheduled) handwritten chart note
- 08/19/08 Pre-Certification Request,
- 08/13/08 Facsimile Transmission Cover Letter from Memorial Neurological Association
- 08/08/08 report
- 08/08/08 letter from M.D.,
- 08/08/08 Work Status Report, DWC
- 08/08/08 test report from Insight Medical Diagnostics
- 08/08/08 prescription note,
- 08/08/08 form letter from
- 08/06/08 office note, M.D.
- 08/05/08 Functional Capacity Evaluation, PT
- 06/25/08 office note, M.D.
- 05/30/08 Electrodiagnostic Nerve Conduction Study – Neurophysiology Worksheet
- 05/20/08 office note, M.D.
- 05/07/08 (date of certification) Report of Medical Evaluation, DWC

- 05/07/08 Request for Taxpayer Identification Number and Certification, Form W-9
- 05/07/08 Functional Capacity Evaluation, , M.D
- 04/28/08 Request for Taxpayer Identification Number and Certification – Form W-9
- 04/28/08 Work Status Report, DWC
- 04/28/08 Designated Doctor Evaluation/MMI/IR/RTW, M.D.
- 04/10/08 letter from DWC
- 03/21/08 office note, M.D.
- 02/21/08 office note, M.D.
- 02/21/08 Electromyogram and Nerve Conduction Studies Report, M.D.,
- 02/21/08 Electrodiagnostic Nerve Conduction Study – Neurophysiology Worksheet
- 01/29/08 office note, M.D.,
- 01/28/09 Progress Summary, PhD
- 01/10/08 office note, M.D.
- 01/08/08 Work Status Report, DWC
- 01/08/08 office note, M.D.,
- 12/17/07 office note, OT,
- 12/13/07 office note, OT,
- 12/10/07 request for certification response letter, RN,
- 12/10/07 office note, OT
- 12/05/07 office note, OT
- 12/03/07 office note, OT
- 11/29/07 office note, OT
- 11/26/07 office note, OT
- 11/20/07 Work Status Report, DWC
- 11/20/07 office note, M.D
- 11/19/07 office note, OT
- 11/16/07 office note, OT
- 11/14/07 office note, OT
- 11/12/07 office note, OT
- 11/08/07 office note, OT
- 11/02/07 letter from RN
- 10/30/07 office note, OT
- 10/23/07 Work Status Report, DWC
- 10/23/07 office note, M.D.
- 10/17/07 Operative Report, M.D. Surgical Center
- 10/17/07 Anesthesia Record, Surgical Center
- 10/17/07 Insurance Verification Form, Worker's Compensation/Occupational Injury
- 10/17/07 Discharge Instructions, Surgical Center
- 10/17/07 Intraoperative Record, Surgical Center
- 10/17/07 Post Anesthesia Care Unit Report, Surgical Center
- 09/21/07 Work Status Report, DWC
- 09/21/07 report from M.D., Orthopedic Specialists
- 08/27/07 report from M.D., Orthopedic Specialists

- 08/17/07 Facsimile cover sheet with note from Human Resources Inc.
- 08/09/07 form note, Neurological Association
- 08/09/07 office note, M.D.
- 07/24/07 MRI right shoulder, Diagnostic MRI
- 07/23/07 prescription note, Neurological Association
- 07/19/07 Physical Demands Analysis
- 07/13/07 office note, M.D.
- 07/10/07 form note from M.D., Neurological Association
- 07/04/07, 06/07/07 lab reports
- 07/03/07 office note, M.D.
- 06/06/07 lab report
- 06/05/07 Electromyogram and Nerve Conduction Studies Report, M.D., Neurological Association
- Undated request for 10 additional Pain Management Program services (02/02/09 contact date), RN Case Manager,
- Undated instructions for IRO Decision, DWC
- Undated Treatment Plan for the period Baseline to Week 4
- Undated information on Transcutaneous Electrical Nerve Stimulators (TENS)
- Undated Description of Services for home muscle stimulator unit
- Undated Work Status Report, DWC (12/10/08 date being sent)
- Note: Carrier did not supply ODG Guidelines.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Records indicate that the above captioned individual is a female who was involved in an occupational incident that reportedly occurred on xx/xx/xx. The history reveals that the above captioned individual reported that she slipped while cleaning a bathtub and sustained injuries to her right upper extremity at the shoulder and wrist. She initially presented to the company doctor and eventually presented to the office of the attending provider (AP). To date the injured individual has participated in a litany of care to include chiropractic management, medication management, physical therapy, surgeries to her shoulder and wrist, post operative therapy and pain management. Most recently the injured individual has participated in a course of chronic pain management to include ten sessions.

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

It is documented that the injured individual continues to demonstrate functional deficit in regards to her work related injuries and the conditions of record. It is also established that the injured individual continues to demonstrate and complain of behavioral deficits and severe subjective pain. The injured individual remains unable to resume her pre-injury work status. However the medical necessity for the additional course of chronic pain management (CPM) is not predicated solely on the establishment of ongoing symptomatology. Consistent with the Official Disability Guidelines (ODG), the initial two weeks of care should unequivocally show that the injured individual has demonstrated functional progress in response to the initial two weeks of care. In this case, there are voluminous notations that were created before and during as well as after the initial two weeks of CPM. While the documentation contains many forms of objective measurements, the documentation provided does not provide actual pre and post CPM objective findings from which to compare and ascertain if the

injured individual made functional and objective progress. The documentation contains a recent Functional Capacity Exam (FCE) that was conducted at the conclusion of the initial two weeks of the CPM program, however the documentation made available for review is absent a similar comparative study conducted just prior to the initiation of the initial two weeks of the CPM program. There is an FCE from 11/2008. However it is understood that subsequent to the performance of that FCE, a course of post surgical therapy was performed. Therefore, it is difficult to ascertain if the minimal progress and gains noted between these two studies were due to the post surgical therapy or the two weeks within the CPM program. Similarly, there is a set of data dated 12/17/2008 generated by an Independent medical Exam (IME). However it is not unequivocally clear if the minimal and mixed gains noted between these two dates are due to the post surgical therapy or the initial two weeks of CPM. Without clear and demonstrable objective progress within the documentation, the medical necessity for the additional two weeks of care is not established.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**