

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: November 20, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of chronic pain management to include CPT code # 97799.

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Clinic, 02/28/08, 03/13/08

- Medical Group, 03/05/08, 03/10/08, 03/12/08, 03/18/08, 03/19/08, 03/25/08, 03/27/08, 03/31/08, 04/01/08
- Hospital, 03/06/08
- Texas Workers' Compensation Work Status Report, 03/10/08, 03/12/08, 03/18/08, 03/25/08, 04/01/08, 04/03/08, 05/08/08, 05/09/08, 06/10/09, 03/02/09, 08/24/09
- Medical Centers, 04/03/08, 06/10/09, 07/23/09, 08/24/09
- Imaging, 05/03/08
- Health and Medical, 05/08/08
- DWC-69, Report of Medical Evaluation, 05/09/08
- M.D., 05/09/08
- Occupational Testing, 07/23/09
- 08/21/09, 09/17/09
- Law Offices 11/13/09

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Pre Authorization Request, 08/18/09, 09/10/09
- Medical and Rehab, 07/14/09, 07/23/09
- Medical Centers, 06/10/09, 06/11/09, 07/14/09
- Occupational Testing, 07/23/09
- Texas Workers' Compensation Work Status Report, 06/10/09
- 08/21/09

Medical records from the Requestor/Provider include:

- Health Workers, 03/10/08
- Medical Centers, 04/03/08, 05/05/08, 05/12/08, 05/28/08, 06/30/08, 07/21/08, 07/30/08, 08/27/08, 09/29/08, 11/10/08, 12/18/08, 01/22/09, 02/18/09, 03/02/09, 06/10/09, 06/11/09, 06/16/09, 08/24/09
- Texas Workers' Compensation Work Status Report, 11/10/08, 12/18/08, 01/22/09, 03/02/09, 04/06/09, 06/10/09, 08/24/09
- 02/18/09

PATIENT CLINICAL HISTORY:

The description of services is for ten sessions of chronic pain management program.

This is a male who sustained a work-related injury on xx/xx/xx, involving the lumbar spine secondary to a trip and fall.

The following xxxx months after the injury, the patient underwent a lumbar MRI that was performed on May 3, 2008, which revealed a 3 mm central disc herniation at the L5-S1 level.

Subsequently, the patient underwent lumbar epidural steroid injections with optimal relief.

Following this, the documentation indicates behavioral testing was performed on July 14, 2009, revealing Beck Depression Index-II and Beck Anxiety Index-VIII. The patient reportedly scored 24/24 on a SABQ.

A functional capacity evaluation was performed on July 23, 2009, reveals a functional capacity evaluation of light physical demand level.

Subsequent treatment to date, the patient has completed ten sessions of work hardening program. It is unclear to the reviewer whether the patient is considered a surgical candidate or not.

The required medical examination submitted on January 29, 2009, indicates the patient had subjective complaints of pain with evidence of symptom magnification.

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

After a review of the information submitted, the previous non-authorization for ten sessions of chronic pain management program has been upheld. This patient has had excessive treatment with no documented functional improvement. He has had one disciplinary treatment, specially a work hardening program. The current documentation does not have significant supporting evidence for a good prognosis for improvement, such as objective testing. There are no overt psychosocial pathologies found on behavioral testing arising as a consequence of the patient's work-related injury. Continuing treatment in this setting is the risk of reinforcing disability status. The medical necessity of request cannot be established. Therefore, the review outcome is upheld previous non-authorization.

The guideline references used are the Official Disability Guidelines, under Chronic Pain Programs.

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)