



Notice of Independent Review Decision

DATE OF REVIEW: 10/26/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten days of a multidisciplinary pain management program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in private practice of Pain Management full time since 1993

REVIEW OUTCOME:

"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

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

The medical necessity has been met per ODG Guidelines for the requested ten days of a multidisciplinary pain management program.

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.1	97799		Prosp.	10	08/21/09 – 10/21/09				Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial
3. Request for preauthorization
4. Plan and goals for treatment
5. History and physical
6. Pain Medicine consultation
7. Functional Capacity Evaluation

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual is xxxx months status post upper back, mid-back, and lower back work-related injury. She is now a surgical candidate. Physical therapy, medications, and psychological treatment have been provided, and there has been some improvement. Work hardening was also utilized but discontinued because of lack of progress. A recent Functional Capacity Evaluation demonstrates that she is functioning at a light PDL where her job requires heavy PDL classification.

<p>P. O. Box 215 Round Rock, TX 78680 (1908 Spring Hollow Path, 78681) Phone: 512-218-1114 Fax: 512.287-4024</p>	
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ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

Recent communication by Healthcare demonstrates that ODG criteria have been met as follows:

1. The patient has chronic pain syndrome with loss of function and evidence of excessive dependence on healthcare providers along with physical de-conditioning and withdrawal from social activities. *She has failed to return to her pre-injury functional status. There is psychosocial sequelae that limits her functional recovery, and there is no diagnosis of personality disorder. There is continued use of prescription medication, and previous methods of treating chronic pain have been unsuccessful; there has been some success, but there are still limitations of functional status.*
2. Adequate and thorough evaluation has been made. *This has occurred.*
3. Surgery is not an option.
4. There is no indication of substance abuse. *None.*
5. There should be a distinct treatment plan, *which has been met.*
6. There should be documentation of the patient's motivation to change and to be willing to forego compensation and other secondary gains. *There is documentation that this individual is eager to return to work.*
7. Negative predictors should be addressed. *This has occurred, and there appear to be no residual negative predictors.*

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description).

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