

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 19, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 10 additional sessions of chronic pain management

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	Chronic Pain Management		Prosp	10			6.9.08	08274727	upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 610 pages of records received to include but not limited to: Pain and Recovery Clinic records 7.1.08-2.27.10; TDI letter 3.29.10; Request for an IRO forms; HDI letters 10.17.08-2.19.10; Intracorp letters 12.11.08-3.5.10; DDE reports 8.26.08, 8.31.09, 2.24.09, 10.5.09, 3.9.10; LPC 11.17.09; FCE 11.17.09; RME 8.13.09, 9.2.09; Decision and Order HW08274727-03-CC-HW46; DWC forms 69; Order docket#453-03-2380M2; report Dr. 12.29.08; Dr. note 8.6.08

Respondent records- a total of 40 pages of records received from the URA to include but not limited to: PHMO Notice of IRO; TDI 3.29.10; Pain and Recovery Clinic records 11.30.09-2.26.10; LPC 11.17.09; FCE 11.17.09; RME 8.13.09, 9.2.09

Requestor records- a total of 28 pages of records received to include but not limited to: TDI 3.29.10; Pain and Recovery Clinic records 11.30.09-3.29.10; LPC 11.17.09; FCE 11.17.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee fell from a truck. There was a posterior injury. imaging studies noted a compression fracture. Prior examiners noted multiple positive Waddell's signs. The injured employee underwent a number of physical therapy treatments, with no objectification in pain reduction. At the physical therapy clinic, a chronic pain scenario developed and the chronic pain program is at the same facility. It would appear that the injured employee underwent 20 sessions of a CPMP. Reconsideration did not endorse the request. The request for IRO notes that 17 of the 20 days have been completed. The Beck Depression and Anxiety Inventory have lessened.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines total treatment should not exceed 20 days. In that 17 have been completed, 10 additional days are not supported. Further, there is no data presented as to the efficacy of this program and the rather boilerplate *language* of the progress notes negates the utility of the indicators for this request.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES