

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 08/20/2010

IRO CASE #:

DESCRIPTION OF SERVICE OR SERVICES IN DISPUTE:

Ten (10) sessions of chronic pain management, eight (8) hrs/day for ten (10) days.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Diplomate, Congress of Chiropractic Consultants, 25 years of active clinical chiropractic practice. Impairment Rating and Maximum Medical Improvement Certified and Designated Doctor through Texas Department of Insurance/Division of Workers' Compensation.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<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>
307.89	97799		Prosp.		05/27/10				Overturn
307.89	97799		Peosp.		06/23/10				Overturn

INFORMATION PROVIDED FOR REVIEW:

1. Certificate of Independence of the Reviewer.
2. TDI case assignment.
3. Notices of non-authorization 05/27/10 & 06/23/10.
4. Designated medical exam 03/19/10.
5. Lab report 02/02/10.
6. Orthopedic consultation 01/12/10 and follow up 01/13 – 03/18/10.
7. Operative report 02/04/10.
8. Mental and behavioral health consultation and progress notes 01/27/10 – 02/18/10.
9. Chiropractic evaluation and follow up 03/04/10 – 05/14/10.
10. Peer review 09/15/09.
11. Medical records review 04/22/10.
12. Evaluation 01/14/10.
13. Rehabilitation evaluation 03/16 – 06/19/10.
14. Pre-authorization request 01/18 – 06/23/10
15. Work hardening progress notes 03/15/10.
16. Exam 01/11/10.

INJURED EMPLOYEE'S CLINICAL HISTORY (Summary):

Records provided indicate the patient was injured while lifting, loading and throwing heavy tires on xx/xx/xx, while at work. He has had ongoing problems requiring treatment since his injury. He has had appropriate clinical workup and appropriate diagnostic testing to include MRIs, FCEs, electro-diagnostic and psychological testing. He has been treated with physical therapy, medication, injections, individual psychotherapy and ten (10) sessions of a work hardening program. The work hardening program was not providing sufficient education on management of his chronic pain in order to promote physical and psychological progress. Therefore, there was a request for a multi-disciplinary chronic pain management program. This was denied. Reconsideration request was also denied.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The records indicate this patient has previously had ten (10) session of a work hardening program. This does not preclude him the opportunity to participate in a chronic pain management program. The patient was not making sufficient progress in the work hardening program, so after ten (10) sessions that program was stopped.

The patient has continued physical deconditioning, withdrawal from social activities, failure to restore pre-injury function and development of a psychosocial sequelae including fear avoidance, anxiety and sleep disturbances. All these meet the criteria for the chronic pain management program. The records indicate the patient has excellent motivation, attendance and quality of effort during his trial of the work hardening program. He is less than 24 months post injury, which is a positive predictor of his potential for return to work. He is motivated for treatment and continues to state a primary goal of returning to work. The patient has signed the medication contract documents indicating his willingness to participate in the rigors of the program and clarify the success of the program will change or eliminate secondary gains.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE 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).