

Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE OF REVIEW: 12/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of chronic pain management program

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

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.

It is determined that the 10 sessions of chronic pain management program is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 11/17/10
- Letter of Determination – 09/22/10, 10/25/10
- Report of examination Healthcare Systems – 04/14/10
- Report of Physical Performance Evaluation – 04/15/10, 06/02/10, 08/10/10, 08/24/10
- Work Hardening Treatment Plant – 05/10/10 to 08/03/10
- Evaluation LBSW – 10/13/10
- Request for appeal from Rehabilitation Center – 10/12/10
- Office visit notes by Dr. – 08/19/10 to 02/25/10
- Consultation by Dr. – 11/25/09
- Recommended Services for Medical Treatment by Dr. – 04/01/10
- Report of x-rays of the lumbar spine 11/25/09
- Report of MRI of the lumbar spine 12/14/09
- Evaluation by Dr. – 04/14/10

- Pre-Certification Request from Rehabilitation Center – 09/14/10
- Report for Battery for Health Improvement 2 – 04/15/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he was working maintenance and was under a sink attempting to unscrew some bolts from a sink and felt pain to the cervical and lumbar spine. He has been treated with medications, physical therapy and recently completed 20 sessions of a work hardening program. It is felt that the patient remains unable to effectively deal with his chronic pain at this time and a recommendation has been made for a course of Chronic Pain Management.

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

The patient's principle problem appears to be "chronic pain syndrome, lumbar". He has received appropriate evaluation and conservative medical management for chronic low back pain. He has been repeatedly psychologically evaluated and found to be a suitable candidate for an interdisciplinary chronic pain program. He has been repeatedly found to be a suitable candidate and has met the criteria as described in the ODG, 2010, pain chapter.

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 KNOWLEDGBASE
- 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)