

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

DATE OF REVIEW: 02/01/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program 5x Wk x 2Wks – lumbar bilateral hip rt knee  
97799

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

The TMF physician reviewer is board certified in pain management 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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 01/22/2010
- Notification of determination– 12/11/09, 12/28/09
- Addendum from Dr.– 12/07/09
- Request for approval of chronic pain program – 12/07/09

- Letter from Dr.– 08/19/09, 08/20/09, 11/03/09, 12/01/09, 12/03/09, 01/14/10
- Report of functional capacity evaluation – 07/22/09, 08/20/09, 10/29/09, 12/03/09
- Physical therapy initial evaluation – 08/19/09
- Mental Health Evaluation – 08/19/09
- Reconsideration of request for approval of chronic pain program – 12/17/09
- Reconsideration letter from Dr.– 09/10/09, 12/15/09
- Office visit notes - 01/12/09 to 07/09/09
- Report of CT of the lumbar spine – 02/20/09
- Operative Report – 06/25/09, 08/24/09
- Encounter note by Dr.– 08/03/09 to 11/09/09
- Office notes by Dr.– 08/05/09
- PEER Review by Dr.– 08/16/09
- Report of Medical Evaluation by Dr.– 08/21/09
- Extended telephone conference by Dr.– 08/31/09, 09/18/09, 12/01/09
- Independent Medical Examination by Dr.– 10/21/09

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related injury on xx/xx/xx when he was walking in a parking lot and was struck by vehicle. He fell to the pavement resulting in pain to the right lumbar, right and left hip and abrasion to his right knee. He has been treated with medications, physical therapy and lumbo/sacral injections. The treating physician is recommending that the patient undergo a chronic pain management program.

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

10 days of a pain management program were previous denied based on the failure to meet ODG criteria. Specifically mentioned was the lack of documentation of failure of previous treatment, lack of evidence of motivation to change, and failure to address negative predictors of success. The letter dated 01-14-10 addresses each of these concerns and provides evidence that these criteria have been met. Therefore, based on ODG guidelines, the chronic pain management program 5x Wk x 2Wks – lumbar bilateral hip and right knee are medically necessary.

**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)