



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 01/12/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of a chronic pain management program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified Neurologist and Pain Specialist, fellowship trained in Pain Medicine

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>
722.83	97799		Con.		11/04/09 – 01/03/10				Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial, 11/03/09 and 10/30/09
3. Pain management progress notes, 09/28/09 through 10/30/09
4. Pain management behavioral health clinic updates from 09/04/09 through 10/29/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a male who sustained a work-related injury on xx/xx/xx while lifting a pallet jack into a truck bed, injuring his lower back. He underwent spinal decompression surgery on 01/22/09 at the L5/S1 level. He was then diagnosed with post laminectomy syndrome. Reportedly the claimant has completed twenty days in a chronic pain management program and has made significant progress. This has included improvement in his pain levels, physical functioning, as well as reduction in his use of medications for pain. Medications have included nonsteroidal anti-inflammatory medication as well as short-acting opioids. A prior reviewer summarizes that the claimant, upon completion of eighteen days of a chronic pain management program, has met 50% of his goals and has made improvement in 90% of his goals. Notes provided also clearly indicate that the claimant has been compliant with the program. With the effort the claimant has shown and the progress he has made, the requestors feel that this claimant can benefit more with the additional 80 hours requested to further meet the goals that were set out for him by



this program. Specifically, it is felt that this claimant may be able to further decrease his remaining medications and increase his likelihood to return to meaningful work.

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

It is this reviewer's impression that this claimant deserves to try to maximize the gains he has already made in this program. It is clear that he has demonstrated good faith and effort in the program, and, therefore, should be given the benefit of the additional hours requested so that he may achieve even more of the goals that have been set. I feel that this request is medically reasonable and necessary for this claimant.

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.)