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Notice of Independent Review Decision

DATE OF REVIEW: 6/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Cognitive Rehabilitation 4 x Wk x 5 Wks (97532 8 units per day times 20 days = 160 units; 97110 12 units per day times 20 days= 240 units; 97537 4 units per day times 20 days = 80 units; 90806 5 total units).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years in this field.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Cognitive Rehabilitation 4 x Wk x 5 Wks (97532 8 units per day times 20 days = 160 units; 97110 12 units per day times 20 days= 240 units; 97537 4 units per day times 20 days = 80 units; 90806 5 total units).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Med and WC

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from Med: New Patient Eval – 11/17/09, Follow-up Office Notes – 12/8/09-5/24/10; Various DWC73’s; MD MRI report – 11/10/09 & 1/7/10(x2), MD Radiology report – 10/31/09; MD DDE report – 1/26/10 & 4/26/10; DWC69 – 1/26/10 & 4/15/10; PhD Neuropsychological Eval – 2/6/10; Initial FCE – 4/7/10.

Records reviewed from Healthcare WC: Med Pre-auth request w/ Interdisciplinary Cognitive Rehab Treatment Plan– 4/9/10 & 5/4/10, Script – 5/4/10; DO note – 4/9/10 & 5/4/10; MS,

CCC-SLP /Patient Update/Request for Further Treatment – 3/17/10, Speech Therapy
Cognitive Ability Exam report – 11/23/09; PT Initial FCE – 4/7/10.

We did not receive WC Network Treatment Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured in a workplace incident when she was opening a cabinet door and a metal chair fell striking her on the head. She did not lose consciousness but has since been complaining of headaches, cervical pain, bilateral shoulder pain, thoracic pain and lumbar pain. She has been treated conservatively by DO. She has been diagnosed with a cervical radiculitis, closed head injury with neurocognitive deficit and persistent lower back pain. The patient has performed physical therapy according to the notes but not actual therapy notes have been included.

MRI of the cervical spine indicates protrusion at C5/6 with mild canal stenosis as a result of osteophytosis. C3/4, C4/5 and 6/7 disc bulging is noted yielding slight left neuroforaminal stenosis. A right disc protrusion is noted at T3/4. On 2/18/10, the patient was seen by the designated doctor, , DO, Dr. opined that the patient was not at MMI at that point and would not be at MMI until July of 2010. On 4/7/10, an FCE was performed and indicated a light PDL without significant psychosocial issues that would be resistant to active rehabilitation. On 4/26/10, the patient was again seen by Dr. for a DD exam. He was again not placed at MMI at this point.

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

The reviewer indicates that the program outlined is consistent with a functional restoration/multidisciplinary pain program. This is limited to 10 visits at a time per the ODG. Twenty days are requested. Of all the codes, the number of psych counseling visits is the only code/service that is supported by the ODG based on the number of units requested. Per the ODG, psych counseling (90806) is supported in the Mental Illness and Stress chapter. Five visits are requested. Six visits are supported.

According to the ODG: Cognitive rehabilitation is “recommended as an option for chronic cases. Behavioral treatment may be an effective treatment for patients with chronic neck pain, but it is still unknown what type of patients benefit most from what type of behavioral treatment. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Physical conditioning programs that incorporate a cognitive-behavioral approach reduce the number of sick days for workers with chronic neck pain when compared to usual care.”

The requestor is asking for 4 weeks of therapy at this point. This is not supported by the guidelines; therefore, the request is denied as it does not meet the time restrictions as noted in the ODG. Lastly, the 90806 code is not supported as it does not make sense in this case to perform this service without the other services that have been requested.

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)