

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 19, 2010 AMENDED: MAY 23, 2010 AND MAY 24, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 10 sessions of chronic pain management (97799-CP)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

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

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
846.0	97799	CP	PROSP	10					Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx. The patient was employed with xxx as a forklift operator and worked as a xxx. She reports injury from lifting, twisting, and placing boxes on the conveyer. She was evaluated and found to have degenerative disc disease of the cervical spine as well as degenerative disc disease of the lumbar spine with evidence of an acute sprain-strain and evidence of radicular pain in the lower back. There was an EMG that showed some soft findings for radiculopathy but no acute needle abnormality. The patient has participated in individual psychotherapy and has failed to make progress. The patient has participated in FCE showing full effort and no signs of malingering. The patient expressed in the psychological examination the desire to improve physically and psychologically. The patient was denied with her diagnostics with discograms. The patient was denied further care with epidural steroid injections therefore all forms of therapy have been exhausted. The patient does report the desire to return to work and the patient has participated in her treatment in an active fashion and shows no signs of symptom magnification.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Based on my review of this patient's records and the previous denial it appears that the denial was made solely on the concern of specific return to work activities although the reports provided to me indicate the use and intend of the pain management program is to help with pain management, depression control, education in coping skills and return to work. So, I believe that return to work is a part of the treatment plan. Therefore, I defer with the carrier and believe that a chronic pain management program is a reasonable approach to get this patient to maximum medical improvement, to get her case closed and get her back to employment as quickly as possible.

The carrier indicated they felt that a work hardening program would be a better choice for this individual, but I believe the individual psychotherapy shows that there are enough cognitive issues that make a chronic pain management program a better choice and this is well documented in the records. Per Dr. notes the patient meets the criteria for a chronic pain management program. The patient has exhausted lower levels of care to no avail. The burden of facts indicates that this claimant will benefit from and meets the ODG criteria for participation in a Chronic Pain Program. This is my rationale for overturning the carrier's denial for 10 sessions of a chronic pain management program.

Therefore, the denial is overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES