

# Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038  
972.906.0603 972.255.9712 (fax)

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## Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 24, 2010

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed 10 sessions (97799) of Pride chronic pain management, functional restoration program

### **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)
- XX 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
839.0	97799	CP	Prosp	10					Overturn

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-20 pages

Respondent records- a total of 119 pages of records received to include but not limited to:

Provider list; letters 3.18.2010, 4.2.10; Health and Hospital Systems/University Medical Center at records 1.5.09-7.8.09; note Dr 7.7.09; FCE report 3.12.10; notes Dr. 3.12.10-4.13.10; notes Dr. 3.24.10-4.22.10; treatment history lists

Requestor records- a total of 38 pages of records received to include but not limited to: Patient letter 4.27.10; FCE report 3.12.10; notes Dr. 3.10.10-4.27.10; notes Dr. 3.24.10-4.22.10; Physical therapy evaluation 3.10.10; mental health evaluation 3.10.10

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injury occurred on xx/xx/xx and the patient had subsequent surgeries on her neck and back resulting in chronic pain.

The URA reviewer stated that the guidelines of chronic pain advocate for treatment but he felt the submitted information failed to fully substantiate medical necessity. He stated there were no clinical records submitted to validate that the patient underwent an appropriate course of individual psychological treatment sessions. The records I reviewed showed those treatment sessions with Dr., psychiatrist. Secondly, he stated that there was no mention of evaluation for other concomitant medical issues. I believe these were also discussed in Dr. reports that I reviewed.

Next, the URA reviewer stated that since the injury is more than 24 months prior to the treatment program that the literature has difficulty showing results in returning people to work after being off work for that long. The records reflect that Dr. addressed this and that his program has gotten people back to work after 24 months. The reviewer also reported the patient was at a sedentary level and the goal is to return to work having given the scope of the injury and the treatment (surgery to the neck and low back) is an unlikely goal and therefore he has non-certified.

**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/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Based on my review of these records, this patient has a desire to return to gainful employment. The fact that she will never reach a heavy level of gainful employment does not limit her from attending and participating in a chronic pain management program that might get her up to a medium level. The fact is she was injured while at work and it is reasonable and necessary to fix her within reasonable medical means, not just to determine she can't return to her previous job.

Therefore, it is within reason that she can benefit from this program and gain some form of employment and skills. She has already shown significant improvement. I feel that failure to allow these doctors to move forward would result in further harm to this patient's psychological status as well as her clinical physical status.

FINAL DECISION: Based on my review of the ODG guidelines, I disagree with the conclusions and I hereby overturn the denial for the request for 10 sessions of chronic pain management.

**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