INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 04/26/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Ten additional sessions of a chronic pain management program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations should be:

_____Upheld (Agree)

__X___Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
			Prosp.						***Overturn***

INFORMATION PROVIDED FOR REVIEW:
1. Certification of independence of the reviewer and TDI case assignment
2. TDI case assignment
3. Letters of denial, 04/03/10 and 03/30/10
4. Progress summary dated 03/30/10
5. Evaluation and followup documentation from 01/13/10 through 03/29/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This claimant sustained a work-related injury in xx/xxxx, having fallen when her chair gave way, causing her to hit her head and neck against the wall with resultant neck as well as low back symptoms that have become chronic. Evaluation has included neurosurgery with recommendations for pain management evaluation, as well. The claimant has undergone EMG testing and imaging studies and multiple medication trials including analgesics of different varieties. The claimant was eventually referred to a chronic pain management program in which she has completed ten sessions with reports indicating progress having been made and increased functioning and transitory reducing psychological symptoms that were felt to be, in part, due to her chronic pain from the injury. This included some depression as well as some anger and anxiety issues. Therefore, an additional ten sessions were requested in the same multidisciplinary chronic pain management program.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
It is apparent to me that the individuals involved in providing care for this claimant in the chronic pain management program and in assessing her progress have indicated in their notes that this claimant has made "great progress." Progress, in my opinion, may not necessarily be simply measured by an immediate reduction in pain medication usage, etc., which was apparently one of the guidelines used by previous

reviewers to deny the extra sessions. In my review, I have no reason to disbelieve the claim that this patient has been making progress and that further progress can be achieved by completing the twenty sessions that have now been recommended. Therefore, I feel that it is appropriate and medically reasonable and necessary for this claimant to continue with the additional ten sessions that have been requested.

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.
__X __Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X __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.)