

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 11, 2010 AMENDED: MAY 17, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

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

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 Orthopaedics, 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)
- 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
307.89, v71.09, 723.4	97799		Prosp	10				0009330000940wc01	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-21 pages

Respondent records- a total of 103 pages of records received to include but not limited to:

TDI letter 4.20.10; letters 2.16.10, 3.8.10; Rehabilitation notes 2.9.10-2.23.10; PPE 12.11.09-1.27.10; Healthcare Systems note 11.10.09; Healthcare Systems 11.30.09; MRI C-spine 5.23.07; NCV study 10.2.07; Institute records 11.6.07-4.8.09; Hospital operative report 9.6.08; work hardening records 1.29.10-2.5.10

Requestor records- a total of 33 pages of records received to include but not limited to: TDI letter 4.20.10; Healthcare Systems 11.30.09; work hardening records 1.29.10-2.5.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a psychiatric evaluation completed on November 30, 2009. At that time, a history of injury to date was outlined. It is noted that at every step of the way any clinical intervention to moderate the symptomatology was unsuccessful. This led to a multiple level cervical fusion surgery. Subsequent to the surgery, the injured worker underwent postoperative physical therapy for rehabilitation purposes. The pain complaints persisted. Additionally, a functional capacity evaluation noted marked limitations and there was a work hardening program augmented by individual psychotherapy. In each instance, there was no improvement or reduction in the pain complaints or medication usage.

The current medications include Lyrica Ultram, Voltaren and Flector. The records do not indicate a decrease in the amount of medications being employed in this situation.

Psychological testing noted and Beck Depression inventory of 27, tech anxiety inventory of 18, fear avoidance 34 and the McGill pain questionnaire of 30.

The diagnostic impression was a chronic pain disorder. Other psychosocial issues were identified as well.

It should be noted that after an exhaustive work hardening program, the only subjective improvement was relative to showering and dressing. After completing this work hardening protocol, the evaluators felt a chronic pain management program was warranted. However, none of the records indicate any significant improvement with the protocol completed.

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

RATIONALE:

As noted in the Division mandated Official Disability Guidelines there are 15 specific criteria for entrance into a chronic pain program. The first is that this protocol is recommended in those programs that have proven outcomes. No such data is presented, that this protocol has any success whatsoever. Furthermore, when noting the date of injury and the failure of every intervention employed. This is well beyond "delayed recovery" there is no data presented that there is any reasonable expectation of success or efficacy of this protocol. I did not see any of the documentation evidence of motivation on the part of the injured worker to return to work, while voicing such intent that there was no standard that that was the end goal for this individual. Additionally, as noted in the Official Disability Guidelines "there are limited studies about the efficacy of chronic pain programs for neck, shoulder, and the upper extremity musculoskeletal disorders." Given that this is clearly a cervical spine issue and let me note efficacy. This would be another reason to speak against this protocol.

The psychiatric evaluation completed was fairly boilerplate, and one would argue that this was neither adequate nor thorough evaluation to suggest entrance into this type of program. There is no physical examination presented to support this program. The goal of this program would not need to prevent surgery as the surgery has been completed. I do not see any discussion relative

to the addiction issues faced this gentleman. Lastly, there was no documentation of motivation to change, as there has been no decrease in the use of pain medications.

Therefore, there is no objective data presented to support this protocol. I would endorse the prior non-certification.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)