



Notice of Independent Review Decision

Date of the Notice of Decision: 04/13/10; 04/26/10

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/13/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program 5 X 2

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

Licensed in Chiropractor
Certified in Evaluation of Disability and Impairment Rating -
American Academy of Disability Evaluating Physicians

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Chronic Pain Management Program 5 X 2 - OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Functional Capacity Evaluation (FCE), D.C., 12/07/09
- Initial Diagnostic Screening, SWA, MS, LPC, 01/12/10
- Initial Evaluation, D.C., 02/08/10
- Denial Letter, 02/15/10, 03/18/10
- Appeal for Chronic Pain Management Program, Dr. 03/10/10
- Pre-Authorization Request, Dr. 03/11/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient had slipped, fallen and injured her lower back. She apparently had been taken to the hospital. X-rays were performed, she was provided with an injection, and released to return to work. An FCE was later performed and she was determined to be performing at a light to medium physical demand level. She did undergo 10 sessions of a work hardening program, but did not attain her goals. She was then referred for the chronic pain management program.

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

Yes, the requested chronic pain management program, 5 X 2, is medically reasonable and necessary. She does qualify for such treatment based on the Official Disability Guidelines. She does have psychological barriers preventing her from returning to her pre-injury work status. She has showed some improvement with previous treatment provided, including the work hardening program, yet she was not able to attain returning to the functional physical demand level required for her occupation as a housekeeper to be a medium physical demand level. She does appear to potentially have some dependence on medication based upon her current pain levels. While she does meet a couple of the criteria for negative predictors, she does not meet anywhere near close to all of the predictors, and therefore it is my opinion that she appears to be a reasonable candidate for such a program.

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)**