

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 18, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 80 hours of chronic pain management (97799)

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

The reviewer for this case is a Doctor of Chiropractic, who is licensed the State of Texas Board of Chiropractic Examiners and peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

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	97799		Prosp	80					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 104 pages of records received to include but not limited to:

letters 7.27.10, 8.11.10; letters /8.5.10, 8.11.10; request for an IRO forms; Pain and Recovery Clinic of notes 6.22.10-8.4.10; M.D. report 7.15.10; FCE 7.15.10; ODG guidelines pain chapter, review # 67073; ODG guidelines work Hardening review # 67947; M.D. report 6.11.09; Disability Evaluating Center, Inc report 8.10.09

Requestor records- a total of 46 pages of records received to include but not limited to: Pain and Recovery Clinic of notes 6.17.10-10.5.10; TDI letter 9.27.10; letters 6.22.10, 7.27.10, 8.11.10; M.D. report 7.15.10; FCE 7.15.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient in question undoubtedly has a compensable injury with a clear anatomic pain generator and dysfunction that has been determined in detail on multiple multidisciplinary physical examinations, advanced imaging, functional and psychological testing and multiple forms of outcomes assessment. The patient has been put on medication in a progressive nature which ultimately ended in the need for high dose opiates to control symptoms. It appears that the strategy of the aforementioned program is to assess an exit strategy related to psychological and physiological dependence related to opiate usage. This is a viable treatment plan, given the patients' medical history.

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.

In accordance to the ODG guidelines, the patient has clearly had significant pain that has been persistent for over three months which has not resolved with a multitude of other forms of treatment and pain management which have failed to this point. The treatment goal for pain management has been addressed and is specific with clear goals. The patient has withdrawn from society and has digressed to the point of having to depend on family for survival, shelter and has significant fear avoidance behavior. Per the treating doctors, surgery is a possible option for the patient; however, it appears that the patient has elected not to pursue that route, so pain management is her only viable option at this point.

Therefore, due to the medical records, the requested service is deemed medical necessary.

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