



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision
REVIEWER'S REPORT

DATE OF REVIEW: 09/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program-80 hours

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Diplomate, Congress of Chiropractic Consultants, 25 years of active clinical chiropractic practice, Impairment Rating and Maximum Medical Improvement Certified through Texas Department of Insurance/Division of Workers' Compensation, Designated Doctor for TDI/DWC.

REVIEW OUTCOME:

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

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer.
2. TDI case assignment
3. Letters of denial 08/02/2010 & 08/16/2010, including criteria used in denial.
4. Letter of appeal 07/08/2010.
5. Physco-social assessment 06/30/2010.
6. Initial chronic pain management treatment plan.
7. Evaluation summary report 07/13/2010.
8. Radiology reports: CT scan of brain w/o I/V contrast, 06/26/2009 and MRI of shoulders, 01/18/2010.
9. Electromyography report 05/07/2010.

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
850.1	97799		Prosp.						

INJURED EMPLOYEE CLINICAL HISTORY (Summary): The records indicate the patient was injured on xx/xx/xx when a 20 foot piece of angle iron fell and hit him on *the head, knocking him momentarily unconscious. He was rushed to the emergency room, where he underwent a CT scan and was prescribed pain medication.*

After his injury, he received 4 therapy visits and was given a home exercise program. On 07/09/2009 he transferred care to a new treating doctor and has had ongoing problems requiring treatment since his injury. He has had appropriate clinical workup, appropriate diagnostic testing (to include MRI's, FCEs, EMG and psychological testing) and appropriate referrals. He has been treated with emergency room visit, home exercise program, supervised physical therapy, medications, injections and a return to work program. He

has exhausted all primary and secondary treatment options. The treating doctor requested a multidisciplinary chronic pain management program. This was denied. Reconsideration request was also denied. The treating doctor wrote a detailed explanation for appeal in response to the denial specifically addressing all areas the peer review doctor used to deny the request.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The records indicate the patient is working full time and this is an asset in this case. The goal of the request is not for the patient to stop working full time but enable participation in conjunction with work. The concern is the patient's complaints of high pain during work, which is causing a reduction in his work hours and/or to work at a lesser capacity. The ODG's do not require a patient to be on narcotic medication to meet the entrance criteria. The patient is currently dependent upon prescription medication and the current regiment has become insufficient and is a primary concern and reason for the program. It was reported the patient was working at a medium-heavy level when in fact he is only performing at a light-medium level. In addition the patient reports a pain level of 6/10 while on medication. The patient is also suffering from emotional stress with regard to his perceived need for additional medication, perceived need for additional treatment or surgery, low pain acceptance and an increased fear of re-injury. The goal of the program is to teach him to cope with his present situation, thereby placing his expectations in line with reality to enable him to return to work, unrestricted, full duty, without continued dependence on the health care system. The program at the requesting facility has proven to have successful outcomes for patients with conditions that put them at risk for delayed recovery due to pain and behavioral issues that, if left unaddressed, would greatly interfere with their recovery process. Significant progress is expected and testing will be performed upon completion. Per the ODG guidelines listed below, he does meet the criteria for admission into a multidisciplinary pain management program.

Therefore, it is reasonable, usual, customary and medically necessary for this patient to receive the requested 80 hours of a multidisciplinary chronic pain management program.