

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 12, 2011

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 Physical Medicine and Rehabilitation 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
722.10	97799		Prosp	10			4.22.2010	197761306	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request for an IRO-16 pages

Respondent records- a total of 137 pages of records received to include but not limited to: letters 3.24.11; letter 3.23.11; request for an IRO forms; letters 3.1.11, 3.2.11, 3.4.11; Solutions letters 2.25.11, 3.2.11; Solutions records 10.1.10-3.2.11; Spine reports 10.5.10-1.21.11

Requestor records- a total of 93 pages of records received to include but not limited to: Solutions records 5.3.10-3.2.11; Spine reports 10.5.10-1.21.11
Notice of an IRO assignment

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review note the initial request for this treatment and the non-certification. It was noted that the first two weeks of a chronic pain program did not objectify any improvement or efficacy of this program. A reconsideration was filed. This also was not certified as the ODG notes that treatment is not suggested without evidence of compliance and demonstrated efficacy. In that none was presented, the reconsideration was also not certified.

A peer review report was completed by Dr.. Dr. also relied upon the medical evidence presented and the ODG to note his opinion that the additional weeks of CPMP was not warranted or considered reasonable and necessary. A similar peer review position was taken by, Ph.D.

D.C. filed a letter of medical necessity on March 2, 2011. The date of injury is noted and the lumbar radiculopathy objectification was reported. This report initiated the chronic pain program. The initial psychiatric assessment for the program is also reviewed.

The interim progress notes (completed after 8 of 10 initial sessions) was completed by LPC. The pain level was noted to have gone from a 6 to a 5. BDI has improved. However, the injured employee continues to be focused on the pain issues.

The medical records completed prior to the chronic pain program are reviewed.

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.

RATIONALE:

There is little progress documented in the records regarding reduction of medications and /or PDLs from the chronic pain management program already provided to the patient. Therefore, it is hard to establish whether continued sessions would benefit the patient. Due to the lack of progress noted and as noted in the Division mandated Official Disability Guidelines, continued chronic pain management sessions do not meet medical necessity.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES