

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: April 13, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten Trial Sessions of Chronic Pain Management. CPT Code: 97799.

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

CHIROPRACTOR

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the URA include:

- Official Disability Carrier/Guidelines, 2008
- Carrier, 03/11/11, 03/25/11, 04/05/11
- Clinic 10/31/07
- Clinic, 07/23/08, 05/26/10, 11/9/10, 12/02/10, 02/18/11, 03/02/11, 03/18/11
- M.D., 09/23/08
- M.D., 04/06/09, 06/15/09, 07/02/09, 10/22/09, 02/11/10, 05/02/10, 07/01/10
- Clinic, 11/30/09, 11/09/10
- Clinic, 02/09/10
- M.D., 05/14/10, 08/20/10, 10/22/10
- M.D., 01/17/11
- L.P.C., 01/25/11
- Medical records from the Provider include:
 - Clinic, 10/31/07
 - D.C., 07/14/08
 - Clinic, 07/23/08, 08/20/08, 03/06/09, 03/09/09, 07/13/09, 08/27/09, 05/24/10, 05/26/10, 12/02/10, 01/25/11, 02/18/11, 03/02/11, 03/21/11, 03/28/11
 - M.D., 09/23/08
 - Carrier, 10/20/08, 10/30/08, 11/12/08, 03/11/11, 03/23/10, 03/25/11
 - Hospital, 06/19/09
 - Clinic, 11/30/09, 11/09/10
 - M.D., 02/09/10
 - M.D., 02/11/10, 03/02/10, 07/01/10
 - M.D., 05/14/10, 10/22/10
 - Clinic, 02/08/11
 - Request for a Review by an Independent Review Organization, 03/28/11

PATIENT CLINICAL HISTORY:

The patient is a male who was injured when he fell off the back of a truck on XX/XX/XXXX. The patient was transported to a hospital for evaluation.

The patient eventually returned to work a week later, however, he was still experiencing lower back pain. Over the period of the next few months, his symptoms worsened.

An MRI of the lumbar spine was performed on October 31, 2007, which revealed an extruded disc at L4-5.

The patient underwent an epidural steroid injection on February 9, 2009; however, he did not experience much relief.

The patient underwent spinal surgery on June 16, 2009.

The patient continued to experience lower back pain with radicular leg pain and underwent a second epidural steroid injection on May 14, 2010.

The patient has undergone physical therapy under D.C., and ten visits of chronic pain management in October of 2009.

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

The description of service or services in dispute is ten trial sessions of interdisciplinary chronic pain management. The CPT Code is 97799.

The ODG Guidelines recommends a team approach that is outcome focused and coordinated and offers goal oriented interdisciplinary services. Communication on a minimal of weekly basis is emphasized. The most intensive of these programs is referred to as functional restoration programs, with a major emphasis on maximizing function versus minimizing pain. The retrospective research has examined decreased rates of completion of functional restoration programs. The following variables have been found to be negative predictors of efficacy of treatment with these programs, as well as negative predictors of completion of these programs. 1) A negative relationship with an employer or supervisor. 2) Poor work adjustment and satisfaction. 3) A negative outlook about future employment. 4) High-levels of psychosocial distress. 5) Involvement in financial disability disputes. 6) Greater rates of smoking. 7) Duration of pre-referral disability time. 8) Prevalence of opioid use. 9) Pretreatment levels of pain.

The patient was determined to be at maximum medical improvement on October 24, 2009, with a 10% impairment rating. On the Beck Depression Inventory, the patient received a score of 34, placing him in the severe range of depression. On the Beck Anxiety Inventory, the patient received a score of 34, placing him in the severe range of anxiety. On the Fear Avoidance Questionnaire, the patient scored a 23/24, placing him in the severe range of fear for physical activity. On the Work Component of the Index, the patient scored a 42/42, placing him in the severe range of fear over work-related activity.

According to the file I reviewed, the patient already went through a chronic pain management program on October 9, 2009, which revealed no signs of objective functional improvement. The ODG Guidelines does not support repeating the same program for the same injury without objective functional improvement. Based on the above mentioned negative predictors the examinee scores

on psychosocial scoring, and the fact that treatment notes from Dr. revealed no documented objective functional improvement, a repeat chronic pain management program is not medically necessary.

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)