

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 15, 2011

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed additional 10 sessions of chronic pain management

### **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
337.21	97799		Prosp	10					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-21 pages

Respondent records- a total of 8 pages of records received by to include but not limited to: MD report 3.16.09; MD notes 4.11.11-6.6.11

Respondent records- a total of 142 pages of records received by to include but not limited to: Medical Center 3.7.11; job posting, Diagnostic Technologist II; medical contract; letters 6.10.11-7.1.11; Physician Advisor Per-authorization response 7.1.11; Rehabilitation notes 5.31.11-6.24.11; Chronic Pain Management program notes 5.19.11-5.31.11; notes 3.16.11-5.24.11; Healthcare Systems reports 3.14.11-5.25. MD 3.10.11; Pain Institute 3.10.11; ODG Chronic Pain

Requestor records- a total of 64 pages of records received to include but not limited to: TDI letter 7.26.11; Healthcare reports 3.14.11, 5.25.11; Advantage notes 3.16.11, 3.30.11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related on the job injury on xx/xx/xx.

**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.**

The patient has been able to return to work, although continuing to utilize prescription medication. There is no documented medication plan in regards to monitoring usage or weaning. No documentation of an integrative treatment program between a medical provider and other disciplines within the chronic pain management program. Therefore, based on the medical records, there is no clinical evidence that continued 10 sessions of CPMP would add any benefit to this 10 year old injury.

**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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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