

MEDRx

3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 11/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 10 sessions of a Chronic Pain program (97799-CP).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 10 sessions of a Chronic Pain program (97799-CP).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from :

- Request for Medical Dispute Resolution – 11/10/11
- Initial Interview & Treatment Plan – 9/20/11
- Injury Center – Letter of Medical Necessity – 10/27/11

FCE – 9/20/11

Records reviewed from:

LHL009 – 11/4/11

Denial Letters – 10/21/11 & 11/4/11

Chiropractic Center Office Note – 10/20/11

Request for CPMP – 10/13/11

Pre-auth Intake Forms – 10/13/11 & 10/31/11

Reconsideration request for CPMP – 10/31/11

Request for Reconsideration – 10/31/11

Dr. report – 11/3/11

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This worker was injured on xx/xx/xx while working as a. He was lifting boxes and twisting his back repetitively. He experienced severe pain and stiffness on the day following the injury and saw a physician who began treatment. There are no records submitted for review prior to September 20, 2011. According to available medical records, however, the injured worker was evaluated with x-rays and an MRI. He was treated with multiple medications, physical therapy, a TENS unit, and surgery was performed in 2007. At some point in his post injury course, the injured worker underwent a ten-day trial of a chronic pain management program provided by M.D. and his health care facility.

Available medical records indicate that the injured worker's chronic pain management program was unsuccessful due to its inadequacy. According to the injured worker, "sessions were inadequate in both the behavioral group and physical therapy portions of the program." The record indicates that the injured worker stated that he sat in a room with other group patients all day long playing games. Records further indicate that Dr. was indicted for health care fraud and apparently, lost his medical license. His facility was closed.

The injured worker currently has pain in his back and left lower extremity. The pain is generally 7 on a scale of 0 to 10, but varies from 5 to 9. The injured worker is "very weak" and has difficulty performing basic activities of daily life. He reports decreased strength, mobility, and endurance. He reports a lack of interest in things he used to be interested in. He also reports anxiety and depression.

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

The record states that the patient was injured more than six years ago and was evaluated with x-rays and MRI. He had extensive treatment including physical therapy, medications, a TENS unit, and surgery. He also had a trial of a failed chronic pain management program which was inadequately administered. The record does not contain a physical examination. A Behavioral Health Evaluation did indicate that the injured worker has an adjustment disorder with mixed anxiety and depression and a pain disorder with both psychological factors and a general medical condition. He also has chronic pain, job concerns, financial

struggles, multiple social losses, and difficulty within his family. He has chronic pain which interferes with all aspects of his life and he has not been able to return to work since his reported injury in xxxx. At some point it was recognized that the injured worker did qualify for a chronic pain management program. He was admitted to a program which was inadequately administered and which did not result in any substantive improvement.

The medical record contains evidence that the injured worker meets ODG Treatment Guideline criteria for a chronic pain management treatment and there is adequate evidence to suggest that the first chronic pain management program for which the injured worker was qualified was inadequately administered. The ODG Treatment Guidelines do acknowledge that the length of disability is a negative predictor of success, but the injured worker, according to available documentation, is willing to undergo a legitimate chronic pain management program with a goal of return to work. Since the original chronic pain management was not properly implemented as suggested by the documentation provided, this injured worker does meet criteria for ten sessions of chronic pain management set forth by the ODG Treatment Guidelines; therefore the requested service is 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)