



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**01/13/2011**

**DATE OF REVIEW:** 01/13/2011

**IRO CASE #:**

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

Initial 80 hours of Chronic Pain Program.

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

Texas State Licensed Doctor of Chiropractic

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 12/27/2010
2. Notice of assignment to URA 12/27/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 12/23/2010
4. Company Request for IRO Sections 1-5 undated
5. Request For a Review by an IRO patient request 12/21/2010
6. Medicals 12/29/2010, 12/22/2010, Pre authorization 12/21/2010, Medicals 12/20/2010, 12/01/2010, 11/19/2010, 11/10/2010, 11/09/2010, Letter 11/03/2010, 11/04/2010, Medicals 11/03/2010, 11/02/2010, 10/25/2010, 10/21/2010, Medicals 09/28/2010, 09/20/2010, 09/13/2010, 08/31/2010, 08/30/2010, 08/20/2010, 08/03/2010, 07/28/2010, Peer review 07/22/2010, Medicals 07/20/2010, 06/30/2010, 06/28/2010, 06/25/2010, 06/23/2010,



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06/16/2010, 06/14/2010, 05/27/2010, 05/26/2010, 05/19/2010, 05/11/2010, 05/10/2010, 05/05/2010, 05/04/2010, 05/03/2010, 04/28/2010, 04/27/2010, 04/21/2010, 04/16/2010, 04/13/2010, 04/09/2010, 04/06/2010, 04/05/2010, 03/30/2010, 03/29/2010, 03/23/2010, 10/30/2009, 10/08/2009, 07/15/2009, 07/29/2009, 06/29/2009, 05/21/2009, 04/21/2009, 04/09/2009, 02/09/2009, 01/26/2009, 01/19/2009, 12/28/2008, 12/04/2008, 11/06/2008, 10/28/2008, 2008 & 2009 labs, 08/27/2007, 07/06/2007, 06/08/2007, hosp record 06/2007, 2007 labs, 01/23/2007, 01/23/2007, 01/04/2007, 06/20/2006, 06/13/2006, labs 2006, 05/03/2006, 04/25/2006, 04/11/2006, 04/04/2006, 03/07/2006, 02/28/2006, 02/22/2006, 08/08/2005

7. ODG guidelines were provided by the URA

### **PATIENT CLINICAL HISTORY:**

Claimant is a male, who on xx/xx/xx was driving a, and due to a gap or unevenness in the surface he was driving on, was given a jolt per some reports, and per others, he was actually knocked from the fork lift by a sudden stop. He began reporting neck and back pain. It is listed that this patient has had a history of prior back problems. He has had a considerable amount of evaluation including an MRI of the neck and lower back which showed disc herniations at more than one level in the lumbar and cervical spines. He has had an FCE, six physical therapy visits, medical management through various medications for pain management, muscle relaxant, and has been found to be a surgical candidate by a surgeon regarding the cervical spine. Review request for an initial 80 hours of a chronic pain management program.

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

Based on the Official Disability Guidelines' criteria and the documentation reviewed, the requested initial 80 hours of a chronic pain management program is upheld. The review records have some inconsistencies in outcomes in the FCE, such as on 11-09-2010, the patient had a dynamic lifting of zero pounds and a push of 16 pounds which, on its face, is inconsistent. The serial FCE's were deemed to be invalid based also on a finding on 8-31-2010 of dynamic lifting of zero pounds as well, as it states, implying inability to lift a can of soda pop or lift his shoes. The records state that he no longer has a job to return to, and there are also notes of pain avoidance behaviors which cause the patient to avoid physical activity. The patient is no longer on pain medication. It was also noted that a psychological evaluation found he has a BDI of 15 and BAI of 18, and that he perceives himself as severely disabled. As per the ODG guidelines: "patients should show evidence of motivation to improve and return to work, and meet the patient selection criteria outlined below." There does not seem to be clear motivation given the inconsistent findings on the FCE and the fear avoidance behaviors and attitude, and there is no job to return to. The medical documentation reviewed is not in support the ODG recommendations for the requested initial 80 hours of chronic pain management program; therefore, the insurer's decision to deny is upheld.

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



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- 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)