

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 06/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program 10 sessions CPT 97799

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

The TMF physician reviewer is board certified in pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the chronic pain management program 10 sessions CPT 97799 is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 06/07/XX
- Decision letter – 05/11/XX, 06/02/XX
- Response to denial letter. – 05/20/XX, 12/28/XX
- Patient treatment goals and objective for a chronic pain management program – 05/03/XX
- Treatment Progress Report – 04/25/XX
- Basic interpretive report – 03/29/XX
- Examination by Dr.– 11/16/XX
- Functional capacity examination – 11/16/XX
- Report of examination by Dr.– 03/23/XX
- Report of MRI of the lumbar spine – 03/05/XX
- History and Physical/Initial Medical Evaluation by Dr.– 11/08/XX
- Orthopedic examination by Dr.– 08/18/XX
- Individual Daily Treatment Plan for Chronic Pain Management Program – 05/06/XX
- Mental Health Evaluation/Treatment Request – 11/15/XX

- Preauthorization request – 04/28/XX
- Psychiatric diagnostic interview examination– 12/05/XX
- Physical therapy progress notes – 06/01/XX to 07/28/XX
- Physical therapy initial evaluation- 06/01/XX
- Encounter Notes from Clinic – 05/13/XX to 08/11/XX
- Independent medical evaluation by Dr – 03/01/XX

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury when he was lifting a wooden object when he felt a sudden onset of sharp pain to the posterior aspect of his neck and radiated down his mid back all the way down to his low back and his right lower extremity. The patient has been treated with physical therapy and there is a request for participation in a chronic pain management program.

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

The patient has been treated with medications and physical therapy. Epidural steroid injections have been offered but declined. There is no mention of possible surgical intervention. The ODG criteria states: “3) the patient is not a candidate where surgery would clearly be warranted”. An epidural steroid injection would be indicated and was refused by the patient. In addition, surgery may be required. This avenue of treatment should be explored prior to considering a pain management program.

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 KNOWLEDGBASE
- AHCP- 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)