Notice of Independent Review Decision

DATE OF REVIEW: 04/21/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program 5 x Week for 2 Week 8 Hour Sessions to Include 97799

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

Board Certified in Physical Medicine and Rehabilitation

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.

Chronic Pain Management Program 5 x Week for 2 Week 8 Hour Sessions to Include CPT Code 97799 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The patient injured her low back while at work on xx/xx/xx while she was working as a. She stumbled and caught herself twisting her low back significantly in the flexed position. She did not actually fall. She was initially treated with Lodine 400 mg, Flexeril 15 mg and Vicodin ES and taken off of work. Lumbar spine x-rays showed thoracolumbar rotoscollosis with convexity and rotation to the leftand apex of curvature at L3. The angel of the curvature was approximately 27.2 degrees. She attended approximately eight to nine sessions of physical therapy. An MRI of the lumbar spine showed no evidence of lumbar disc herniation or nerve root compression. There was also no central canal or foraminal stenosis at any level. There was a mild left convexity lumbar scoliosis. At the L4-L5 level, there was moderate bilateral facet joint arthropathy/hypertrophy, which was associated with a 1-2 mm anterolisthesis of L4 in relation to L5. There was mild disc desiccation noted at the L2-L3, L3-L4 and L4-L5 levels. At the T12-L1 level, there was mild spondylosis and 2 mm disc bulging. There was no central canal or foraminal stenosis. An evaluation by M.D., indicated the patient was felt to have sacroiliac joint strain bilaterally and would benefit from diagnostic/therapeutic sacroiliac joint injections. The patient later underwent a mental health evaluation and was felt she would benefit from a chronic pain management program.

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

The requested chronic pain management program is not reasonable and necessary. The patient does not meet the criteria set forth in the ODG for participation in a chronic pain management program. Current records indicate the patient has sustained simply nothing more than a sprain/strain without structural damage. She is on a minimal load of medication and has a sedentary job. Further, she has not undergone adequate levels of conservative care, having completed only eight visits of out-patient chiropractic treatment.

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)**
- ☐ **AMA GUIDES 5TH EDITION**