

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 11/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Initial chronic pain management program/functional restoration program, 80 hours

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
338.0	97799	CP	Prosp.	80			Xx/xx/xx		Overturn

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of reviewer and TDI case assignment
2. case assignment
3. Letters of denial, 09/15/11 and 10/04/11
4. Request for consideration, 09/07/11, and request for reconsideration, 09/21/11
5. Physical Medicine and Rehabilitation report, 08/12/11
6. Functional Capacity Evaluation, 09/07/11
7. MRI scan reports including left shoulder, thoracic spine, and cervical spine, 03/08/10
8. Triage documentation, 10/27/10
9. Pain management evaluation and treatment from 12/08/09 through 03/30/10
10. Office visits, 03/09/10 through 09/13/10
11. Designated Doctor Evaluation, 03/22/10 and 08/30/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant sustained an injury while at work on xx/xx/xx during which a large refrigerator door slid open and slammed her against the wall. She has had chronic pain complaints including neck, low back, left shoulder, rib cage, and hip pain. She has undergone extensive evaluation including imaging such as MRI scans and x-rays involving both shoulder and hip, cervical spine, thoracic spine, and lumbar spine.

She has also undergone treatment including medial branch facet blocks, hip injections, physical therapy, and some chiropractic manipulations. Multiple medication trials have also been performed including treatment with antidepressants, analgesics including opioids, etc. Because the claimant continued to be troubled with chronic pain in these multiple areas as well as exhibiting psychological manifestations from her chronic pain including depression, a request was made for a multidisciplinary chronic pain management program in order to help facilitate further physical functioning but also to help with her psychological impairments, simplified medication regimen, etc.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

Upon review of the available records, the most comprehensive history of the claimant's prior treatments deemed to be available in the Designated Doctor's evaluation and report was dated 03/22/10 in which prior treatment was summarized and including facet blocks in the cervical spine, hip injection, physical therapy, chiropractic treatment, as well as multiple medication trials. It does appear that this claimant has satisfied the usual treatment approaches prior to consideration for a chronic pain management program, which have failed. Therefore, it is medically reasonable and necessary for this claimant to take the next step in treatment of her chronic pain as well as psychological manifestations with the proposed multidisciplinary chronic pain management program. The program is described as one that would work with this claimant on not only functional restoration but also on her psychological manifestations of the chronic pain, medication simplification, vocational rehabilitation, etc. Again, I do feel that this would be a reasonable next step, given the multiple treatment attempts already undertaken with little to no success so far.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
 - AHCPH-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 judgment, 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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