



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 11/09/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program

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 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Initial Report, 01/10/11
- Cervical Spine MRI, 02/10/11
- Lumbar Spine MRI, 02/10/11

- Follow Up WC Visit, 03/08/11, 04/05/11, 05/10/11, 06/02/11, 07/01/11, 08/02/11, 09/09/11
- Evaluation, 04/04/11
- Lumbar Epidural Steroid Injection (ESI), 04/28/11
- Follow Up Report, 05/21/11
- Mental Health Evaluation, 07/13/11
- Functional Capacity Evaluation (FCE), 07/18/11
- Concurrent Report, 08/23/11
- Request for Chronic Pain Management Program, 08/23/11
- Evaluation, 08/27/11
- Report of Medical Evaluation DWC Form 069, 08/24/11
- Adverse Determination Notice, 09/02/11, 10/10/11
- Request for Reconsideration, 09/30/11
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was injured. He fell, injuring his neck, lower back, left shoulder and right shoulder. An MRI of the lumbar spine revealed suggestion of mild congenital spinal canal stenosis from the L1-L2 to L4-L5 levels. An MRI of the cervical spine showed suggestion of mild congenital spinal canal stenosis from C2-C3 to C6-C7 superimposed degenerative changes. An EMG study showed evidence of C3 through C7 nerve root irritation bilateral more pronounced on the left and L3 through S1 nerve root irritation bilaterally. In addition, the patient has been treated with physical therapy, medication and injections. He was currently taking Tramadol 50 mg, Flexeril 10 mg, Elavil 25 mg and Cymbalta 60 mg. A chronic pain program was requested.

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

The continuation of the current pain management program as requested is not reasonable or necessary based on criteria established by the ODG. The patient has completed an 80-hour chronic pain management program to date. Concurrent review indicates no significant “demonstrated efficacy as documented by subjective and objective gains” as required by the ODG. Most of the subjective complaints have worsened, which is addressed by the ODG. However, no functional improvements were noted to counterbalance these complaints. As such, any additional hours of a chronic pain management program would not be considered reasonable and 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)
- AMA GUIDES 5TH EDITION