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Notice of Independent Review Decision

DATE OF REVIEW: 9/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OUTPATIENT CHRONIC PAIN MANAGEMENT 8 HOURS A DAY FOR 10 DAYS
97799

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

DO Board Certified in Anesthesiology and Pain Management.

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)

PATIENT CLINICAL HISTORY (SUMMARY):

female who was injured at work on xx/xx/xx while pushing two ends of a foldable table together, when table expanded and rolled out. The patient underwent multiple treatments to include occupational therapy, e-stim/tens unit, ultrasound, massage therapy, exercise therapy, stretching, heat



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therapy, acupuncture, 2 injections, then subsequent surgery for rotator cuff repair on February 2011, work hardening, biofeedback and psychological testing. Diagnostics include x-ray and MRI. Present medications are Ibuprofen, Skelaxin and Hydrocodone. Work hardening notes dated 7/18/11 indicate that the patient completed 20 sessions of the program. BDI decreased from 15 to 9 and BAI from 10 to 8. Work level improved from sedentary to light to medium with required PDL of heavy. Examination findings dated 7/19/11 indicate that the patient demonstrated mild improvement in the program.

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

Based on clinical information provided the request for pain management, 8 hours a day for 10 days is not recommended as medically necessary. The rationale is that the patient underwent a surgical procedure after which she had a work hardening program (20 sessions) with mild improvement. ODG guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The patient did not show improvement with the work hardening program, and it is highly unlikely that she will make any significant progress in a chronic pain 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 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



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- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES