

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 22, 2011

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed 10 visits of chronic pain management program (97799)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.10	97799		Prop	10			xx/xx/xxxx		Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Request for an IRO-21 pages

Respondent records- a total of 109 pages of records received to include but not limited to: letter 9.2.11; Request for an IRO forms; letters 7.15.11, 8.8.11; Clinic records 9.28.10-8.1.11; MRI Left Shoulder and Left Knee 10.4.07; MRI Lumbar Spine 8.14.07; MRI Cervical Spine 8.1.07; report Dr. 8.30.07; Psychological Services 10.13.09; records Medical Services 6.23.11

Requestor records- a total of 105 pages of records received to include but not limited to:

9.2.11;\_records Medical Services 6.23.11-8.26.11; Clinic records 9.28.10-8.1.11; MRI Left Shoulder and Left Knee 10.4.07; MRI Lumbar Spine 8.14.07; MRI Cervical Spine 8.1.07; report Dr. 8.30.07; letters 7.15.11, 8.8.11

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The medical records presented for review begin with a copy of the request for an IRO from Dr. The history presented noted that the injured employee was involved in a work-related motor vehicle accident. Multiple disc lesions in the cervical and lumbar spine were identified. Conservative measures including physical therapy, injections, interventional pain management and orthopedic consultations were completed. It was also noted that Mr. has "ongoing radiculopathy" but has yet to meet the standards for surgical intervention.

Subsequent to July 23, 2010, the management of the pain complaints has been primarily with medications. There is a past history of six months of significant narcotic-based medications. Dr. argues that a functional restoration program via a chronic pain management program is necessary even though the medication usage is minimal. It is also reported that the claimant meets 14 of the 15 criteria for a chronic pain management program.

An additional report from D.C. also seeks to endorse a chronic pain program. In his initial evaluation, dated August 10, 2010, the mechanism of injury is noted; the multiple cervical spine lesions, as well as disc protrusions of the thoracic and lumbar spine are noted. It is also noted that the epidural steroid injections did not provide any long-term benefit and that the injured worker had undergone a functional restoration program. It was noted that the injured worker had been declared at maximum medical improvement with a 27% whole person impairment rating.

Multiple follow-up evaluations are noted, as well as several complaints that do not appear to be anatomic in nature. Physical therapy was initiated, augmented with an oral steroid preparation. In September 2010, there was a noted sexual dysfunction verbalized. Additional psychological evaluation was sought.

In June a functional assessment was performed; this resulted in a moderate amount of fatigue and moderate to severe elevated mechanical low back pain. At that time the request for a formal chronic pain management program (80 hours) was made. Additionally, the psychologists recommended a behavioral pain management program. Dr. maintained the claimant on multiple medications. It was noted that in July the request for a chronic pain management protocol was not certified and a request for reconsideration was filed.

The March 23, 2011, mental health screening with MMPI is noted and reports that the claimant is able to work approximately 30 minutes and then rest, secondary to complaints of pain. The assessment was pain disorder, traumatic brain injury, cervical myelopathy, lumbar nerve root irritation, and severe occupational problems. The GAF is reported as 55. It was noted that prior courses of individual psychotherapy had taught him some coping skills; however, "he still does not use them consistently". To this end, Dr. suggested additional psychotherapy.

Imaging studies from 2007 are reviewed.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

#### **RATIONALE:**

As noted in the Division mandated Official Disability Guidelines, such programs can be recommended if that program has objectified and proven successful outcomes. No outcome

studies from this program are presented in the reconsideration of request for IRO. In this case it is noted that a complete diagnostic assessment has been made. However, there is really no indication of what gains are to be made in terms of medication use (given the current state) or increased functionality.

In reviewing the Official Disability Guidelines, it would appear that criteria 1a, 1b, and 1e are not met, as well as #4 (no surgery is planned), #5 (no substance abuse issues are noted), and #7 (given the length of time and that SSDI is continuing). There is also no clear motivation to change or that any improvement is a reasonable expectation, and there is no discussion that the injured employee is aware that success would change compensation or secondary gains (#8), negative predictors of success are not verbalized (#9 - length of disability is >24 months). Thus, with the lack of notation or determination that there is any reasonable chance of a positive outcome and noting the criteria not met, this determination is upheld.

**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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)