



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**April 5, 2012**

**DATE OF REVIEW:** 4/4/2012

**IRO CASE #:**

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

Individual Counseling 2xWk x 3Wks

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**REVIEW OUTCOME** [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Assignment to 3/19/2012,
2. Notice of assignment to URA 3/15/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 3/19/2012,
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 3/16/2012
6. Insurance information 3/19/2012, medical information 3/6/2012, work status report 2/11/2012, insurance information 2/1/2012, medical information 1/26/2012, request for appeal 1/21/2012, medical information 1/18/2012, work status report 1/18/2012, insurance information 12/27/2011, work status report 12/21/2011, examination findings 12/21/2011, evaluation 12/7/2011, medication information 12/7/2011, work status report 11/23/2011, examination findings 11/23/2011, work status report 10/26/2011, examination findings 10/26/2011, work status report 9/22/2011, examination findings 9/22/2011, 9/7/2011, work status report 8/10/2011, examination findings 8/10/2011, work status report 7/13/2011, examination findings 7/13/2011, work status report 6/15/2011, examination findings 6/15/2011, work status report 5/11/2011, examination findings 5/11/2011, 4/13/2011, 3/16/2011, work status report 2/16/2011, examination findings 2/16/2011, 1/12/2011, work status report 12/15/2010, examination findings 12/15/2010,



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11/17/2010, 10/20/2010, psychological evaluation 10/11/2010, examination findings 9/22/2010, 8/25/2010, 7/28/2010, 6/30/2010, 6/16/2010, 5/20/2010, 5/6/2010, 4/22/2010, 3/25/2010, 2/25/2010, 2/18/2010, 2/1/2010, 1/4/2010, 12/07/2009, 11/9/2009, 10/12/2009, 9/14/2009, 8/17/2009, 7/23/2009, 6/25/2009, 5/28/2009, medical information 6/10/2009, examination findings 4/30/2009, 3/5/2009, 2/19/2009, 1/22/2009, medical information, examination findings 1/5/2009, medical progress notes, examination findings 12/29/2008, 12/8/2008, 11/10/2008, 10/27/2008, medical information, examination findings 10/13/2008, 10/6/2008, medical notes, progress notes, therapy notes.

### **PATIENT CLINICAL HISTORY:**

The patient has a history of neck pain that radiates into the left arm. On physical exam, there is decreased grip strength, hypothermia, and hyperesthesia. The patient has a diagnosis of chronic regional pain syndrome of the left upper extremity. The patient is on Lyrica, Butrans, and Neurontin. He did have a spinal cord stimulator in place, but it had to be taken out due to keloid formation. The patient also has a history of depression with psychological symptoms. The patient did attend a chronic pain management program for 20 sessions but still has psychological symptoms with depression.

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

Referring to the *Official Disability Guidelines'* chapter on pain under cognitive therapy for depression, it states "recommended based on analysis that compares with the pharmaceuticals." It does state that Official Disability Guidelines give an initial trial of six visits over 6 weeks. Therefore, as the patient has failed other modalities to try to take away the pain and the associated psychological symptoms, this should be certified; therefore, the insurer's denial is overturned.

### **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 KNOWLEDGBASE
- 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



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- 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)**