

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 29, 2012

**IRO CASE #:**

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

Medical necessity of proposed chronic pain management program X 10 days (97799, CP)

### **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
799.9	97799	CP	Prosp	10					Upheld

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

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 318 pages of records received to include but not limited to:

Letter RSL 5.9.12; request for an IRO forms; TDI letter 5.8.12; IRO Summary 5.10.12; ODG Chronic Pain Management; reports: MMRI 4.28.11, 8.25.11, 11.10.11; Peer reviews 7.1.11, 7.12.11; DDE report 11.17.11; post RME 3.29.12; RME report 11.17.11; records: Dr. 2.21.11-3.10.11;; Dr. 3.30.11;; Dr. 4.5.11-3.27.12; Dr. 4.5.11-4.23.12; Dr. 4.26.11; Dr. 1.26.12; LPC 5.6.11, Dr. 5.27.11, LPC 5.27.11, Dr. 6.9.11-9.15.11; Dr. 12.14.11. Dr. 3.29.11; x-rays Chest and Lumbar 2.21.11; MRI Lumbar Spine 4.26.11, 12.14.11; EMC/NCV report 5.27.11; Physical Therapy notes 4.26.11-6.6.11; Psychiatric Diagnosis Interview 5.6.11, 4.6.12; Claim Management letter 7.8.11; FCE 2.29.12; letters 4.12.12, 4.26.12; Health records 4.6.12-4.17.12; Combined Chiropractic Services and Rehabilitation 4.26.11-6.8.11

Requestor records- a total of 61 pages of records received to include but not limited to: Health records 4.17.12; Combined Chiropractic Services and Rehabilitation 4.26.11-6.8.11; Chronic Pain Management 4.17.12; Dr. 2.29.12-3.27.12; Dr. 2.27.12-4.9.12; FCE 3.29.12; MRI Lumbar Spine 12.14.11; Dr. note 1.26.12

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

The medical records presented for review begin with a request for chiropractic rehabilitation therapy, three times a week for two weeks.

The next note is an addendum to a report of medical evaluation on November 17, 2011, noting that the visual analog scale of the pain level was 3/10. There were low back and right lower extremity symptoms. A comprehensive history of the case from the date of injury to that date was noted (and reviewed). It was noted that there was a video that demonstrated abilities far greater than exhibited by the injured employee. The Designated Doctor felt that there was a lumbar strain and contusion. Repeat imaging studies noted disc lesions at L3/4 and L4/5.

A note from Dr. noted increased pain with inclement weather. Dr. D.C. felt that there was a lumbar disc injury and radiculopathy and disputed the extent of injury noted by the Designated Doctor.

Dr. completed a surgical evaluation. It was opined that there was a sacroiliac or facet mediated pain issue. Dr. D.C. kept the injured employee in an off work status and noted continued follow-up with Dr.. Additionally, a Functional Capacity Evaluation was completed on February 29, 2012. The injured employee was able to complete a light category. Additional chiropractic therapies were completed.

Dr. noted that the injured employee walked slowly with a cane but was doing well with medications. Narcotic medications were refilled.

Dr. completed a Post Designated Doctor RME assessment. The physical examination noted "markedly histrionic" behaviors. There were compromises noted to ambulation and sitting. There were contradictory findings noted during the remainder of the physical examination. Positive Waddell's testing was reported. It was opined that maximum medical improvement had been reached.

Dr, D.C. continued care and sought a chronic pain program in April 2012. This was non-certified. A mental health assessment was completed by, LPC-S who noted a pain disorder and a mixed anxiety situation. In response to the non-certification for the chronic pain program, LPC submitted a rebuttal and disagreed with that determination. A reconsideration completed by Dr. endorsed the non-certification. It was noted that the pain was out of proportion to the physical examination findings, there was marginal response to the interventions previously attempted, and that a light duty return to work was not even attempted.

### **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/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES,  
THEN INDICATE BELOW WITH EXPLANATION.**

**RATIONALE:**

As noted in the Division mandated Official Disability Guidelines, such programs are indicated when they are proven successful. No such documentation was presented as to the efficacy of this program. Additionally, there needs to be evidence on the part of the patient to want to improve. As noted by several examiners, there were signs of symptom magnification and histrionic behavior and the like, which indicates that there is a very likely possibility of a negative outcome with this course of therapy. Mr. has not responded to any intervention noted to date. Thus, when considering the long list of criteria that are to be met, and note that three of these items are not met (5, 7, 8), and tempered by the point that there is little observable motivation on the part of the injured employee to improve, this request cannot be certified.

**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)