

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 11, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Chronic Pain Management (97799 CP) X 80 hours

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
847.2, 724.4	97799	CP	Prosp	80					

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-22pages

Respondent records- a total of 493 pages of records received to include but not limited to: Group 8.24.12; IRO request forms; letter 8.24.12; ODG-Chronic Pain; Management letter 4.17.09; Job Offer 4.20.10; CT reports 4.09.09-11.17.09; Healthcare report 6.9.09; Dr. records 1.23.10-8.24.10; Treatment records 2.3.10-11.12.10; MMI report 3.12.10, 3.30.10; RME report 3.31.10; FCE report 6.29.10, 8.30.10; Hosp. records 12.8.10-2.18.11; MRI C-Spine 3.18.11; report, Dr 4.1.11; records, Dr. 3.5.12-8.6.12; Toxicology report 3.6.12, 4.13.12; Injury Clinic records 3.12.12-8.3.12; PPE report 5.23.12; letter 7.25.12, 8.9.12

Requestor records- a total of 78 pages of records received to include but not limited to: Request for an IRO forms; Injury Clinic 6.1.12-8.3.12; letters 7.25.12, 8.9.12; PPE report 5.23.12; record, Dr. 7.12.12; TDI letter 8.22.12

PATIENT CLINICAL HISTORY [SUMMARY]:The records reflect that the injured employee was struck in the head by a door that had broken off its hinges. The assessment was a

head injury with a cervical and thoracic spine soft tissue injury. Approximately one year after the date of injury, maximum medical improvement was noted and an impairment rating was assigned, in March 2010.

The injured employee was seen on xx/xx/xx. This note indicated that there was a cervical spine injury that required surgical intervention. It is noted that there was an onset of pain approximately six weeks prior to this evaluation (nearly two years after the date of maximum medical improvement). The assessment was an aggravation of the noted cervical fusion. The treatment plan immediately deferred to a chronic pain program.

A physical performance evaluation was completed. A behavioral medicine evaluation was completed by a LPC intern, also at the Injury Clinic. A chronic pain plan was outlined. The request was non-certified.

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 there needs to be a chronic pain syndrome, prior to instituting a Chronic Pain Management Program. The initial note indicates that the "re-aggravation" only occurred six weeks prior to this evaluation. Further, there is to be objectification of a successful chronic pain program and that data is not presented. Additional alternate methods were not employed prior to seeking this type of protocol. Motivation is not established as there are discrepancies noted between the psychological assessment and injured employee statements. As such, the standards outlined in the Official Disability Guidelines for such a protocol for a cervical spine injury are not met and the non-certification is appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES