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Notice of Independent Review Decision

DATE OF REVIEW: 11/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of multidisciplinary chronic pain management program for 10 days- lumbar.

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

The reviewer is a Medical Doctor who is board certified in Internal 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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of multidisciplinary chronic pain management program for 10 days- lumbar.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

These records consist of the following (duplicate records are only listed from one source):

Records reviewed:

Patient Treatment Goals and Objectives- 7/26/2013, 9/19/2013

Initial Diagnostic Screening- 7/26/2013

Response to denial letter- 10/11/2013

Treatment Progress Note- 9/18/2013, 10/11/2013

Initial Psychiatric Assessment- 9/12/2013
PPE- 9/17/2013
Appointment reminder- 11/7/2013

Records reviewed:

Notice of adverse determination- 9/24/2013

Denial - 10/29/2013

Initial Mental Health Testing- 7/26/2013

Daily Group Progress Notes- 8/20/2013-8/23/2013, 9/9/2013-9/12/2013

A copy of the ODG was provided by the Carrier for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who suffered a work injury to the low back on xx/xx/xx. Since that time he has had chronic low back pain with radiculopathy. He also has fecal incontinence. An MRI of the lumbar spine demonstrated disc herniation, degenerative disc disease and paravertebral muscle spasm at L4-L5. He has undergone physical therapy and has been treated with hydrocodone/acetaminophen, Cymbalta, and Elavil. He has been determined not to be a candidate for surgical intervention. The claimant has poor functional status and is sedentary. A 10-day multidisciplinary chronic pain management program has been requested.

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

The multidisciplinary chronic pain management program for 10 days is medically necessary.

RATIONALE:

The patient has chronic pain with failure to achieve preinjury function, secondary to deconditioning, and continue use of narcotic medications without improvement in functional status. An extensive evaluation has been completed and no further treatment such as surgical intervention is indicated. Official Disability Criteria are met for the requested program. In summary, the 10-day multidisciplinary chronic pain management program is medically necessary.

REFERENCES:

Official Disability Guidelines

Milliman Care Guidelines, 17th edition

Buchner M, Neubauer E, Zahlten-Hinguranage A, Schiltenswolf M. The influence of the grade of chronicity on the outcome of multidisciplinary therapy for chronic low back pain. Spine. 2007 Dec 15;32(26):3060-6.

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