Notice of Independent Review Decision - WC

DATE OF REVIEW:

10/24/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management x 80 hours (Ten Sessions)

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

Board Certified in Physical Medicine and Rehabilitation

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)

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.

Chronic Pain Management x 80 hours (Ten Sessions) – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Medical Consultation and Evaluation, 09/05/13
- Psychological Diagnostic Interview, 09/05/13
- Physical Performance Evaluation (PPE), 09/05/13
- Treatment Planning Evaluation, 09/05/13
- Pre-Authorization, 09/10/13
- Denial Letters, 09/13/13, 10/01/13
- Appeal Reconsideration, 09/24/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The records available for review indicate that the date of injury was listed as xx/xx/xx. It was documented on the date of injury that the patient developed difficulty with symptoms of low back pain.

A medical document dated 09/05/13 indicated that a lumber MRI obtained as of the date of injury revealed findings consistent with the presence of disc bulging at L2-L3, L3-L4, and L4-L5 disc levels. There were no findings worrisome for any stenosis. It is documented that a lumbar epidural steroid injection (ESI) was previously provided and which provided "excellent results."

A psychological diagnostic interview dated 09/05/13 indicated that hydrocodone was utilized for management of pain symptoms. It was documented that the claimant was on Social Security Disability.

A medical document dated 09/13/13 indicated that past treatment did include treatment in the form of a work hardening program.

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

Based upon the medical documentation currently available for review, the Official Disability Guidelines (ODG) would not support treatment in the form of a comprehensive pain management program as a medical necessity in this specific case. The records available for review indicate that past treatment in the form of a lumbar ESI did provide significant pain reduction in symptoms. Additionally, it is documented that the patient is presently on Social Security Disability, which would be considered a negative predictor for a positive outcome from treatment in a comprehensive pain management program as motivation with respect to return to work would be in question. Additionally, the date of injury is over xx years in age. Such a situation would be considered a negative predictor for a positive outcome from such an extensive program. Additionally, it is documented that previous treatment did include access to treatment in the form of a work hardening program. The fact that there were no return-to-work activities despite access to such a program and given the fact that there is documentation that indicates that the patient is presently on Social Security Disability would be considered a negative predictor for treatment in the form of a comprehensive pain management program. As such, in this particular case, per the criteria set forth by the above noted reference, treatment in the form of a comprehensive pain management program would not be considered a medical necessity.

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

- ☒ **DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**