



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 5/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of 10 additional chronic pain management sessions for 80 hours.

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

The reviewer is a Doctor of Chiropractic.

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 agrees with the previous adverse determination regarding the prospective medical necessity of 10 additional chronic pain management sessions for 80 hours.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:

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

- Request for Reconsideration – 4/23/13
- Patient Face Sheet – undated
- Psychological Counseling & CPM Script – 1/22/13
- Re-assessment for CPM Program Continuation – 3/27/13
- Pre-authorization Request – 4/17/13

PPE Reports – 3/1/13, 3/29/13

Impairment Rating Center:

Impairment Rating/MMI Report – 3/19/13
DWC69 – 3/19/13

:

Denial Letters – 4/19/13, 4/26/13
Appeal Acknowledgement Letter – 4/24/13
LHL009 – 5/3/13

Medical Necessity Review Reports – 4/19/13, 4/25/13

Records reviewed from Injury 1 of were all duplicates from above.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The record includes an appeal for chronic pain management program request for 80 additional hours/units dated April 23, 2013. The report references prior denial for 10 additional sessions of chronic pain management program. The claimant has already completed 160 hours of chronic pain management program. Current physical capabilities are consistent with Heavy. The patient has titrated off of prescription medication. Pain was unchanged and rated 7/10. BDI-II was 8 indicating minimal depression. BAI was 2 indicating minimal anxiety.

Report from dated March 19, 2013 was for impairment rating and MMI determination. Review of medical records indicate extensive prior treatment including medication therapy, lumbar MRI, physical therapy, functional capacity evaluation, behavioral medicine consultation, psychotherapy, work hardening, and chronic pain management program. The claimant was declared MMI as a February 8, 2013 in grade 5% all person impairment.

Physical performance evaluation dated March 29, 2013 determined that the claimant is functioning with capabilities in the heavy lifting category. A prior physical performance evaluation was dated March 1, 2013. The claimant was functioning with medium capabilities.

Chronic pain management assessment authored by was dated March 27, 2013. FABQ scores revealed incremental improvement and not on course to meet program goals. Pain was 7-8/10. BDI-II was 8 indicating minimal depression. BAI was 2 indicating minimal anxiety. The report states that the employee wishes to return to work as a dishwasher which requires medium capabilities.

The record includes a request for 80 hours of chronic pain management program dated April 17, 2013. Current physical capabilities are consistent with Heavy. The patient has titrated off of prescription medication. Pain was unchanged and rated 7/10. BDI-II was 8 indicating minimal depression. BAI was 2 indicating minimal anxiety.

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

The submitted documentation fails to establish that the request for 10 additional sessions of chronic pain management program is medically necessary. The claimant has already completed extensive prior treatment including outpatient rehabilitation, work hardening, and 160 hours chronic pain management program. Chronic pain management program is a multidisciplinary program that is designed for patients with physical deficits, significant psychological barriers, and need for vocational retraining. In this case, the patient has already extinguished prescription medication usage. The submitted documentation indicates that the patient has minimal psychological barriers. Additionally, the claimant is functioning with heavy capabilities. The record indicates that the employee intends to return to work as a xx which requires medium capabilities. As such, there is insufficient clinical support for continued use of multidisciplinary chronic pain management program. The request is inconsistent with evidence and the ODG; therefore it is not medically necessary.

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)**