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Notice of Independent Review Decision

Date notice sent to all parties: 06/11/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of a chronic pain management program

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

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 medical necessity exists for each of the health care services in dispute.

Eighty hours of a chronic pain management program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Required Medical Evaluation (RME) dated 10/17/12
Notice of IRO Decisions dated 10/23/12 and 01/29/13
Report dated 11/20/12
FCE dated 04/10/13

Reports dated 04/23/13 and 05/08/13

Request for Services dated 04/24/13

Request for a pain management program dated 04/25/13

Preauthorization intake forms dated 04/25/13 and 05/08/13

Notices of Review Determination dated 04/30/13 and 05/15/13

Request for Reconsideration on 05/08/13

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

performed an RME on 10/17/12. He felt the patient did not require additional care, as he had received postoperative therapy and was released by his surgeon. He felt Cyclobenzaprine and Hydrocodone were no longer appropriate. He did not believe further chiropractic care was necessary and felt pain management visits would be appropriate every three to four weeks until the patient's medications had been weaned. On 10/23/12, provided a Notice of IRO Decision. They upheld the denial of the requested 80 hours of a chronic pain management program. On 11/20/12, examined the patient. He felt the patient was at MMI and assigned him a 10% whole person impairment rating. He felt he should be followed as needed. On 01/29/13, provided an IRO Decision, upholding the previously denied 80 hours of a chronic pain management program. On 04/10/13, an FCE revealed the patient was functioning at the light medium physical demand level. On 04/23/13, diagnosed the patient with lumbar radiculitis and disc herniation. An ESI was recommended, as well as a chronic pain management program. On 04/24/13, a request for 10 sessions of a chronic pain management program was made. On 04/25/13 and 05/08/13, requested 80 hours of a chronic pain management program. On 04/30/13, provided an adverse determination for the requested 80 hours of a chronic pain management program. On 05/08/13, reevaluated the patient. He again recommended the pain program. On 05/08/13, provided a request for reconsideration for the chronic pain management program. On 05/15/13, also provided an adverse determination for the requested 80 hours of a chronic pain management program.

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

The patient has already completed all reasonable primary tertiary and secondary treatments for his pain complaints. The patient has already completed a work hardening program. He has already been treated with psychotherapy and made very poor progress according to the notes provided. The patient's condition has not changed. The patient's perception of his severe disability is not likely to change with a chronic pain management program. It is unlikely if the patient returned to the pain management program that he would return to work as suggested by his treating chiropractor.

According to the ODG, the criterion for participating in a chronic pain management program is that re-enrollment in the repetition of same or similar program is not medically warranted. Therefore, within a reasonable medical probability, the ODG does not endorse this patient's reapplication for the sixth time of a chronic pain management program. The patient has already been turned down twice in precertification followed by IROs determining that this was not medically necessary or in accordance with the ODG. The patient has now been turned down again twice in precertification for the current request and I affirm and uphold that predetermination. This patient's circumstance is not appropriate for a chronic pain management program. Therefore, the requested 80 hours of a chronic pain management program are neither reasonable nor necessary nor in accordance with the ODG and the previous adverse determinations should be upheld at this time.

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)