



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 2/26/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5x2 (80 units).

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

D.O. Board Certified in Anesthesiology and Pain management.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	2/06/2013
Adverse Determination Letters	1/11/2013-1/30/2013
Requests for Pre-Authorization	1/07/2013-2/05/2013
Reconsideration Requests	1/23/2012-1/23/2013
Updated Request for Services	10/22/2012
Office Visit Notes	11/19/2012
Functional Capacity Evaluation Intake	11/19/2012

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Patient is female who had a work related injury on xx/xx/xx when she apparently twisted her right knee and ankle. She has undergone various diagnostic tests and modalities of treatment to include: x-rays, MRIs, physical therapy, pain medication



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

injections, and surgery in 1995. Presently, patient is on multiple medications to include Clonazepam, Trazamine, Divalproex, Celexa, Abilify, Prednisone, Promethazine, baclofen, levothyroxine, Morphine Sulfate, lactulose. Patient has a history of hypertension, esophageal reflux, post-menopausal, anemia, depression, insomnia headaches, and hypothyroidism. She reports mood disorders, bipolar and is under medication for her condition. Patient reports a vas score of 7-8/10 mostly in her back, knee, and ankle. Pain radiates from hip to her feet. Beck depression inventory is 8 within the minimal range of assessment. Beck anxiety of 21 within the moderate range of assessment. The screener and Opioid assessment for patients in Pain-Revised (SOAPP-R) was 8, indicating low risk for abuse of prescribed narcotic pain medication.

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

Per ODG references the requested chronic pain management 5x2 (80 units) is not medically necessary. The patient will not benefit from participation in a chronic pain management program, thus the request is not certifiable. There was no appropriate physical exam recently to rule out conditions that require treatment prior to initiating the chronic pain program. The injury is 19 years old which is a negative predictor of success, and the patient's complete treatment history is not clear, nor it is clear if she has responded to any treatment to date or why is she on so many medications and if attempts at reducing those medications have been used. No documentation on patient motivation to change or willing to change her medication regimen. ODG recommends "an adequate and thorough multidisciplinary evaluation" to determine the appropriateness of a chronic pain management as required by current guidelines.

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 KNOWLEDGE BASE
- 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



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

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