

IRO REVIEWER REPORT TEMPLATE -WC



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Notice of Independent Review Decision

Date notice sent to all parties: 9/6/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program 5x2 weeks

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

Texas Licensed, Board Certified Chiropractor

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Notice of IRO Assignment
2. LHL009 IRO Request form
3. 7/26/13 and 8/22/13 Denial letters
4. 8/15/13 Reconsideration form
5. 6/12/13 Initial Interview records
6. 4/19/13 Functional Capacity Evaluation
7. 7/22/13 Preauthorization request

PATIENT CLINICAL HISTORY [SUMMARY]:

93 pages of records are reviewed. This patient injured herself on xx/xx/xx following a Motor Vehicle accident. Notes reveal that on 8/18/08 she underwent an ACDF of C4-7. An EMG on 8/5/10 was unremarkable for the lower extremity. She was treated with multiple visits of supervised therapy with no improvement. She has also undergone two separate tertiary return to work programs including work conditioning and work hardening. She is on long term opioid management. The patient is beyond 24 months with disability, which started in 2009. She has entire body pain which is inconsistent with her objective findings.

On 4/19/13, an FCE found she had strength ability of "less than sedentary" despite supervised physical therapy, supervised work conditioning and supervised work hardening.

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

This patient does not meet admission criteria for a chronic pain management program based on the ODG criteria. The previous denial is upheld.

All of the ODG criteria must be met prior to initiating a trial of the program. On Number 8 the ODG states: "Negative predictors of success (as outlined above) should be identified, and if present, the pre-program goals should indicate how these will be addressed." In this case, there is no evidence that the negative predictors of pain behavior and lack of physical effort on an FCE will be or can be addressed. Simply stating that the patient will respond to the chronic pain program is not sufficient to meet this criteria. In review of the provider's response to Number 8, the provider stated the patient had no negative relationship with an employer. She has had no job since 2009 for over 4 years. She obviously has a negative relationship with her original employer unless she has a letter from her prior employer stating that she is available for rehire. This was not found in the records reviewed.

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Under Number 13 of the ODG: “At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. A chronic pain program should not be considered a “stepping stone” after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated. “ In this patient’s records, she has been enrolled in or now recommended for every form of conservative tertiary program under the ODG. She failed a work conditioning program and then she was recommended for work hardening. She failed work hardening and then she was recommended for chronic pain management. The guides due not recommend this form of stepwise treatment and the patient’s records confirm static and stable pain behaviors with no possibility of improvement at this point in 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):**