Medwork Independent Review
5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org

ACCREDITED INDEPENDENT REVIEW ORGANIZATION

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
WORKERS' COMPENSATION - WC

DATE OF REVIEW: 1/6/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Eighty hours of additional chronic pain management program 5 days a week for 2 weeks, 10 sessions.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas State Licensed MD Board Pain Medicine and Rehabilitation Physician.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. Dept of Insurance Assignment to Medwork 12/16/2013,
2. Notice of assignment to URA 12/15/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 12/16/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 12/12/2013
   Letter to Texas from attorneys 12/13/2013, letter to physician from insurance plan 12/10/2013, 11/25/2013, pre-authorization intake form 11/20/2013, progress summary 11/14/2013, treatment plan, peer clinical review report 10/2/2013, pre-authorization intake form 9/27/2013, request for services 8/15/2013, treatment plan, muscle test 7/10/2013, procedure codes 2/17/2003, pre-authorization request 2/17/2003, request for diagnostic procedures 2/15/2003.

PATIENT CLINICAL HISTORY:
The patient was involved in a work-related injury, xx/xx/xx. After failing conservative measures, the patient underwent surgical intervention, including capsular synovial cyst removal at the AC joint and subsequent subacromial decompression and clavicle excision in 2001. He

has already gone through 10 sessions of a chronic pain management program, his last session being in November 2013. Objective findings revealing improvement or progression in the program have included reduction in utilization of his hydrocodone from 3 to 2 per day, a BDI improvement of 49 to 5 and a BAI improvement from 44 to 4. This is without the use of adjuvant medications or antidepressants. His Visual Analog Scale has dropped from 7 to 6 after the first round of the chronic pain management program.

Documentation includes that the claimant presents with motivation to change and is willing to change the medication regimen.

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

Along with the documentation, there were two previous denials for continuation of the pain management program. Although the patient's injury dates back to xxxx, at this point that is a moot point, as the patient has already gone through and has been approved for the initial 10 sessions of the pain management program. Secondarily, utilizing *Official Disability Guidelines'* criteria, the patient is actually making objective signs of progression in that his BAI and BDI scores have dropped significantly. He is utilizing less medication with the goal to completely wean off these medications, in particular the hydrocodone.

The patient, per documentation, exhibits interest and commitment in the program and with the objective findings being met per criteria of the *Official Disability Guidelines*, the 10 more sessions of the therapy program should be approved.

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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)**