MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 3/11/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of Chronic Pain Management Program (80 hours).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in 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 medical necessity of Chronic Pain Management Program (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 from

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this female patient injured her right shoulder, neck, and back in a MVA. She sustained injuries on xx/xx/xx. Her car hydroplaned in the rain while being hit by the truck, she sustained numerous spinal fractures (mainly T12) and head injuries. She was taken to the ER unconscious and received numerous X-rays, MRI of her back, and CT scan of her head. She has completed 4 sessions of PT and had a trial neural stimulator in her back which helped. Unfortunately, the placement of the permanent stimulator had complications of a staph infection which lead to two more surgeries to address. She has also gone thru some objective psychological testing in the past and completed 6 individual psychotherapy sessions. Her average daily pain is 7/10 scale.
She has used a walker for mobility and she has an unstable gait ever since the accident.
She is currently receiving pain management medications through a pain management service. She is currently taking Ambien, Fentanyl patches, Lyrica, Oxycodone, Exalgo, Opana (oxymorphone), Cyclobenzaprine, Skelaxin, and B complex for her symptom management. Her care providers want her to be approved for Chronic Pain Management Program. She has been diagnosed currently with chronic pain syndrome on 11/19/2013.
She was reported as being deconditioned and dependent on medication for pain control. The specific compensable injuries are: healed compression fracture at T12 with kyphosis deformity, healed infection of lumbar spine as a result of compensable injury, and chronic pain syndrome of cervical and lumbar spine and opioid dependence that may require inpatient detoxification review of medical records on March 22, 2013.

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

Patient has been disabled since the DOI. She has not shown any attempts to return to work and has had 4 PT sessions and 6 visits of psychotherapy; conservative care was not initially exhausted and there is no explanation as to what deterred her from doing so. The documentation on the above patient does not validate medical necessity according to the ODG guidelines.
Criteria from the ODG guidelines for admission to general use of multidisciplinary pain management program states that if a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return to work beyond this period. The cautionary statement should not preclude patient off work for over two years from being admitted to a multidisciplinary pain management program with demonstrated positive outcomes in this population.

I. References
   - ODG – Official Disability Guidelines and Treatment Guidelines – Pain Chapter

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)**