

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 16, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program X 80 hours (lumbar Spine; 97545)

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

This case was reviewed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners. The reviewer specializes in chiropractic care and is engaged in a full time practice.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.2, 722.73	97545		Prosp	80			Xx/xx/xx	xxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on xx/xx/xx. He has been under continuous care since. He has received physical therapy, prescription pain medication, and injections. He has had two lumbar MRI's and EMG, and a lumbar myelogram and a CT myelogram. He has received pain management and surgical consultations. Recent FCE testing demonstrates very low functioning, from Below Sedentary to Light. His previous job was reportedly Heavy. He was reportedly referred to Health for assessment. The Beck scores are reportedly 6 for anxiety, which is in the normal range. The score for Depression is reportedly 12, which is in the lower Mild range. There are no Fear and Avoidance Questionnaires, or other measures of behavioral issues. This patient does not take narcotics. There is no mention in the records, summaries of treatment, or consultations of any psychological counseling, or a Return to Work program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

This patient does not meet several of the entry criteria as specified by the Official Disability Guidelines. Specifically, he is past the window for such a program, but more importantly, several clinical indicators are absent. His willingness to participate in such programs has not been addressed, nor has there been any mention of vocational assessment. Lower levels of treatment such as Individualized Psychological Counseling have not been attempted. He does not need a narcotics program, and there are no other significant psychological findings to support the use of a Chronic Pain Program over a return to work program. (Indicators 3,4,7,8,9, ODG, Pain Chapter, update 4/10/14.)

The objective documentation does not support the request for a Chronic Pain Management Program, and the previous denial is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES