Magnolia Reviews of Texas, LLC
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[Date notice sent to all parties]:

11/6/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Chronic Pain Management 80 hours/unit

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

Board Certified Physical Medicine & Rehabilitation and Sports Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury XX/XX/XX. The mechanism of injury was lifting a toilet. His diagnoses include: displacement of cervical and a vertebral disc without myelopathy, brachial neuritis radiculitis, sprains/strains in unspecified site of shoulder and upper arm, and neck sprain. Past therapy was noted to include: physical therapy, medications, psychotherapy, work hardening program which he failed, epidural steroid injections and 160 hours of chronic pain management program. On 09/10/2015, it was noted the patient reported that he learned a lot in the program and developed strength and coping skills. On physical examination, it was indicated that his Beck Depression score decreased as did his Fear Avoidance for work and physical activity. He reported sleeping 6 hours. His physical abilities improved. It was indicated that his required PDL was heavy, frequent and his current PDL measured medium, frequent.

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

According to the Official Disability Guidelines, total treatment duration should not exceed 160 hours. The guidelines also indicate that neither re-enrollment and repetition of the same or similar program is recommended. The clinical documentation submitted for review indicated the patient has completed a 160 hours of a chronic pain management program and gained improvement. However, the request exceeds the guidelines' recommended duration of treatment. Consequently, the request is not supported. As such, the prior determination is upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**