IRO REVIEWER REPORT – WC

DATE OF REVIEW: 01/25/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program – 10 Sessions

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

Board Certified in Physical Medicine and Rehabilitation and Pain Medicine

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:

- Chronic Pain Management Program – 10 Sessions - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured while working on XX/XX/XX. She picked up a X off the floor and felt her back pop. Records indicate treatment to date has included conservative treatment, lumbar surgery, spinal cord stimulator, psychotherapy, diagnostics, PT, injections, chronic pain management, and medication management. On XX/XX/XX she was evaluated for MMI and IR, and was placed at MMI as of XX/XX/XX with a 10% WPI. She has remained off work since 2 days following her injury.

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

Based upon Official Disability Guidelines, at this time the chronic pain management program for 80 total hours (ten sessions) is not medically reasonable or necessary. The claimant is over XX years status post injury and has demonstrated no improvement or ability to respond to any of the provided treatment, nor has there been a return to work. Chronic pain management is not recommended by the ODG for most claimants beyond 24 months of treatment.

The decision is upheld.

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

☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

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