IMedReviews
14785 Preston Road, Suite 550 | Dallas, Texas 75254
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DATE OF REVIEW: 6/14/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
"10 Sessions/80 units of the Chronic Pain Program 3 X week"

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
D.O. Board Certified in Anesthesiology and Pain Management.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:
Patient is a XXXX who was injured on XXXX. The mechanism of the injury was a XXXX while XXXX was trying to XXXX. The patient is complaining of back pain which was treated with medications, physical therapy and injections with little relief. The patient subsequently underwent an approved 20/20 chronic pain management sessions. According to the chart, the patient scored 8 for the Back-Depression Inventory which decreased to 7 after completing the 20 sessions. The patient scored a 30 for the Beck Anxiety Inventory, then the score went down to 8 after completing the chronic pain management sessions. The pain score in XXXX low back was reported on XXXX to be 4-6/10 and best 0-3/10. It was also reported that the patient is not taking any more prescription pain medicine; instead, XXXX is managing XXXX pain with over-the-counter medications. Capacity evaluation demonstrated the patient's ability to perform within the heavy physical demand category. The patient also has a history of traumatic brain injury.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
Per ODG references, the requested "10 Sessions/80 units of the Chronic Pain Program 3 X week" is not medically necessary. The patient has already participated in the maximum amount of recommended sessions. The patient has experienced improvement to the level of XXXX required PDL. No additional functional improvement can be gained by repeating the chronic pain program.

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 KNOWLEDGE BASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

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- ☐ 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