



IRO REVIEWER REPORT – WC

DATE OF REVIEW: 01/25/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 Sessions/80 Hours of Chronic Pain Program 3 x a week

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

Board Certified in Physical Medicine and Rehabilitation

Board Certified in 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:

- 10 Sessions/80 Hours of Chronic Pain Program 3 x a week – Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant sustained a work injury on XXXX when XX XXXX. XX right lower back was injured. Claimant has received conservative care to include diagnostics, physical therapy, medications, injections, psychological exam, etc. Currently, treating physician is requesting 80 hours of a Chronic Pain Program.

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

According to the ODG, criteria for a 10 visit trial of CPMP (80 hours) has been met and is therefore medically reasonable and necessary. The patient has completed appropriate conservative care and has

physical and psychologic function testing that does not meet return to work criteria per a valid medical and psychological evaluation. There do not appear to be any unaddressed barriers to treatment and as such, I would recommend participation in the program. Previous denials are overturned.

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**