

CASEREVIEW

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February 6, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual XX, XX sessions over XX weeks

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

This physician has over 18 years of experience in Physical Medicine and Rehabilitation.

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 claimant is a XX-year-old XX who was injured on XX when XX felt XX pain after XX a XX. The claimant has completed XX sessions of XX therapy, XX sessions of XX therapy, and XX sessions of work conditioning. Records also indicate a failed XX trial in XX of XX. XX underwent a XX XX to XX. XX underwent additional XX therapy. Medications have included XX, XX, XX, and XX. Since XX of XX XX has completed XX XX sessions. Despite the failed trial in XX, physicians felt XX was a perfect candidate for another XX XX. A recent XX revealed a number of risk factors for poor outcome from XX and difficulty reporting its effectiveness accurately. In a clinical report note dated XX, the claimant reported 50% pain relief with the XX and was able to use less prescription medications for pain and did have some functional improvement during the trial. XX was scheduled for a XX XX. This was successfully completed on XX.

According to the Treatment Progress Report by XX, dated XX, the claimant is currently taking XX, XX, XX, XX, XX, XX, XX, and XX. XX clinical status includes XX XX, XX, XX, Inadequate XX, XX, XX/XX XX problem. XX pain level has increased 24.5 points from XX previous score. XX has a 3 point increase on XX. XX of XX is down only from XX. XX of XX is up from XX. XX XX if up 2 point. XX also has XX of 78%, which is up 4%. It has been recommended that XX continue XX participation in individual XX to address pain management,

vocational/case related needs, XX, XX, and XX symptoms that have arisen due to the work injury.

On XX, XX performed a UR. Rationale for Denial: Based on the clinical information provided, the request for individual XX, XX sessions over XX weeks is not recommended as medically necessary. The submitted clinical records indicate that the patient has completed at least XX individual XX sessions to date. XX has had a XX XX XX XX on XX with what XX says is improvement in pain, yet XX test scores are significantly worse than they were in XX, when it was reported XX had significant improvement in symptom severity. XX does not appear to be making progress with XX treatment according to the reports. XX also appears to have a large number of XX XX although providers indicate XX need for treatment is due to work injury stressors. The submitted records fail to document significant and sustained improvement with treatment to date. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

On XX, XX, XX performed a UR. Rationale for Denial: Based on new information XX has pre-existing, co-XX serious XX that are not being adequately treated and have not been considered as a source of XX ongoing and treatment-resistant XX. XX has now had a more than adequate exposure to XX for XX chronic pain, and in fact XX pain is reduced by 50%. XX has a number of other serious XX in XX life that appear to be the focus of XX therapy. Even excluding the other diagnoses and issues, the request to continue additional XX in spite of lack of response is not consistent with ODG. XX medication regimen appears to be incomplete and there are other diagnoses present which have not been considered in XX need for a treatment. No additional information was submitted with this appeal to support additional therapy.

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

Determination: denial of an additional XX Individual XX sessions over XX weeks is UPHELD/AGREED UPON since the request exceeds ODG recommendations for the submitted diagnoses, and clinically after a count of XX XX visits from XX to XX in conjunction with XX medication management during this time, pain medication management during this time and a major pain intervention procedure during this time (permanent XX XX XX XX), there is documentation of NO improvement in pain parameters, XX testing, medication use or, most importantly, function. The request for additional XX Individual XX sessions over XX weeks is not found to be medically necessary.

PER ODG:

XX

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 UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- 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 (PROVIDE A DESCRIPTION)