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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

XX

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from:

Behavioral Evaluation and Request for Services: XX
Functional Capacity Evaluation: XX
Office Visit Notes: XX
XX MRI: XX
XX XRay: XX
Determination letter/peer review dated XX
Determination letter/peer review dated XX
Appeal ltr from Dr. XX dated XX

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a XX -year-old XX with a history of an occupational claim from XX/XX/XX. The mechanism of injury is detailed as helping a XX with a XX on the XX. The current diagnoses are documented as XX, XX pain, XX, XX, and XX of the XX, XX, and XX with XX. Prior treatment included XX, XX, and XX. On a functional capacity evaluation dated XX, the patient demonstrated the ability to perform within the XX demand category and the job requirement was classified as a XX demand category. The patient demonstrated occasional tolerance for dynamic balance, bending, stair climbing, and walking. Medical comorbidities included XX, XX, and XX surgeries. On a behavioral evaluation, dated XX, the patient reported XX symptoms. The patient had difficulty managing pain and experienced a great deal of interference with activities of daily living due to pain. There were reports of XX and XX. The patient scored a XX on the Beck XX Inventory score and a XX on the Beck XX Inventory

score. A request was received for a chronic pain management program x10 sessions/80 hours.

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

Per evidence-based guidelines, and the records submitted, this request is not medically necessary. Patient continues to have pain in the XX. Regarding the chronic pain program, the patient demonstrated the ability to perform within the XX category and the job requirement was classified as a XX demand category. The patient demonstrated occasional tolerance for dynamic balance, bending, stair climbing, and walking. The patient had difficulty managing pain and experienced a great deal of interference with activities of daily living due to pain. There were reports of XX and XX. The patient scored a XX on the Beck XX Inventory score and a X of the Beck XX Inventory score. Prior treatment included XX, XX, and XX. Although the patient demonstrated deficits, the guidelines below state that a chronic pain program is indicated when previous methods of treating chronic pain have been unsuccessful. There was a lack of evidence regarding the failure of all other lower levels of care, such as XX, XX care, XX, or XX therapy. The patient has only been treated with XX, XX and XX. As such, the request for chronic pain management program x10 sessions/80 hours is not medically necessary and is non-certified.

Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition
Chapter: XX

Criteria for the general use of multidisciplinary pain management programs:
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)**