
DATE OF REVIEW: 4/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Preauthorization for chronic pain management – 10 visits at 8 hours per day, 5 days per week for 2 weeks.

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

This case was reviewed by a board certified psychiatrist on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>Service Being Denied</i>	<i>Billing Mod</i>	<i>Type Review</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
719.56	Chronic pain magt.		Prospective					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 3/27/07
2. Determination Notices – 1/23/07, 2/21/07
3. Records and Correspondence – 1/10/06-3/9/07

PATIENT CLINICAL HISTORY:

This case concerns an adult female who sustained a work related injury. Records indicate that while exiting an elevator, she tripped and injured her right hand and left knee attempting to break the fall. The records also indicate she has had a 3 year history of upper and lower extremity pain. Diagnoses have included internal derangement of knee, other and unspecified disorders of joint, sprains and strains of shoulder and upper arm, carpal tunnel syndrome, left knee medial collateral ligament tear, and chronic pain syndrome. Evaluation and treatment for this injury has included medications, psychotherapy, and physical therapy.

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

The treating provider indicated that the patient has failed less intensive modalities. Review of the records provided for review document the patient had two therapy sessions on 9/7/06 and 9/12/06. A treatment summary dated 9/15/06 reported the patient's pain level was 2-4 and on 2/7/06 her pain level was 7-8. While Global Assessment of Functioning (GAF), Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) scores worsened during this time, there was no indication that the patient had a trial of antidepressant medications. The records provided do not substantiate the need for intensification of treatment since the data submitted does not demonstrate that the patient had failed less intensive modalities. Therefore, the requested chronic pain management – 10 visits at 8 hours per day, 5 days per week for 2 weeks are not medically necessary at this time.

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)

AMERICAN PSYCHIATRIC ASSOCIATION PRACTICE GUIDELINES FOR TREATMENT OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER, AUGUST 2000.