DATE OF REVIEW: August 9, 2007

IRO Case #

Description of the services in dispute:

Chronic Pain Management Program x 10 days/sessions (CPT #97799)

A description of the qualifications for each physician or other health care provider who reviewed the decision

The chiropractor who provided this review has been issued a certificate by the state Board of Chiropractic Examiners. This reviewer has also received certification for Acupuncture. This reviewer is a fellow of the American Back Society. This reviewer is a member of the American Academy of Disability Evaluating Physicians and the Texas Chiropractic Association. This reviewer has been in active practice since 1986.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

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.

This patient has had considerable therapy and intervention since 2004, including a 20-session pain management program to date. There is no significant improvement demonstrated in the documentation provided. An additional 10 sessions of chronic pain management are not medically necessary.

Information provided to the IRO for review

Records from the State:

- Notice to Medical Review Institute of America of case assignment, 7/25/07
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization, 7/24/07
- Request for Review by an Independent Review Organization, 7/23/07

- Notice of Determination, 7/6/07
- Letter, DC, 7/23/07

Records from the URA

- Notice to Medical Review Institute of America of case assignment, 7/25/07
- Chronic Pain Management Program Preauthorization Request, 7/2/07
- Reconsideration Chronic Pain Management Program Preauthorization request, 7/17/07
- Case Information form
- Patient Information form, 9/29/06
- Physical Therapy Re-Evaluation and Treatment Plan, 6/28/07
- Continuation Request for 10 Additional Days in a Chronic Pain Management Program, 7/2/07
- Reconsideration, Continuation Request for 10 Additional Days in a Chronic Pain Management Program, 7/17/07

Records from

- Letter, , 7/26/07
- MRI right shoulder report, 6/3/04
- MRI right elbow report, 6/3/04
- Chart notes Spine Care, 7/23/04 , 9/28/04, 10/13/04, 12/21/04, 1/5/05, 2/16/05, 3/22/05, 4/13/05
- Operative report, 11/8/04
- Consultation, MD, 7/15/05
- Evaluations, DO, 8/25/05, 10/17/06, 5/29/07
- Electrodiagnostic studies reports, 9/26/05, 12/6/05
- Office notes, MD, 10/6/05, 11/3/05
- Office notes Clinic, 10/7/05, 10/14/05, 11/7/05, 11/15/05, 12/12/05, 2/14/06
- Initial Behavioral Medicine Consultation and addendum, 12/13/05
- Office notes, MD, 2/13/06, 2/27/06
- MRI report, shoulder, 2/24/06
- Office notes, MD, 3/7/06, 4/18/06, 5/16/06, 8/2/06
- Letter, DC, 6/21/06
- Chronic Pain Management Interdisciplinary Plan & Goals of Treatment, 10/10/06

Records from DC

- Notice of Assignment of Independent Review Organization, 7/25/07
- Texas Workers' Compensation Work Status Reports, 5/18/04, 6/14/04, 7/15/04, 8/6/04, 9/7/04, 10/7/04, 11/4/04, 12/18/04, 1/4/05, 2/2/05, 3/1/05, 3/30/05, 4/27/05, 5/26/05, 6/22/05, 7/18/05, 8/8/05, 8/25/05, 9/22/05, 10/20/05, 11/17/05, 12/20/05, 1/18/06, 2/15/06, 2/13/06, 4/10/06, 4/27/06, 5/25/06, 6/6/06, 6/22/06, 7/19/06, 8/16/06, 9/26/06, 12/12/06, 6/27/07
- TWCC69 – Report of Medical Evaluation, 6/2/05, 4/28/06, 7/24/06
- Report of Medical Evaluation, 8/17/06, 8/28/06, 9/18/06

- List of Exercises, Clinic

- note, DC, 8/10/04, 8/16/04, 8/23/04, 8/30/04, 9/7/04, 9/20/04, 10/11/04, 10/19/04,
- Chart notes, 6/7/04 – 12/22/04, 1/4/05 – 4/13/05
- Office notes, DO, 4/19/04, 4/15/04
- Physician Activity Status Report, 4/15/04
- Radiology report, 4/19/04
- Comprehensive Examination, 5/17/04
- Office notes Clinic, 5/18/04, 5/19/04, 5/24/04, 5/25/04, 5/26/04, 6/1/04, 6/2/04, 6/3/04, 6/9/04, 6/14/04, 6/15/04, 6/16/04, 6/21/04, 6/22/04, 6/23/04, 6/25/04, 6/29/04, 6/30/04, 7/6/04, 7/7/04, 7/8/04, 7/12/04, 7/13/04, 7/14/04, 7/15/04, 7/19/04, 7/21/04, 7/23/04, 7/27/04, 7/28/04, 7/30/04, 8/6/04, 11/3/04 11/4/04, 12/1/04, 12/8/04, 12/15/04, 12/22/04, 1/12/05, 1/19/05, 1/26/05, 2/9/05, 2/23/05, 3/2/05, 3/9/05, 3/17/05, 3/30/05, 5/26/05, 6/2/05, 6/21/05, 6/28/05, 7/5/05, 7/15/05, 8/5/05, 8/11/05, 8/19/05, 8/24/05, 9/2/05, 9/16/05, 9/21/05, 9/30/05, 12/1/05, 12/19/05, 1/6/06, 1/17/06, 1/26/06, 4/7/06, 4/26/06, 5/5/06, 5/12/06, 5/17/06, 5/24/06, 6/1/06, 7/5/06, 9/5/06, 9/25/06, 10/17/06, 11/14/06, 12/11/06, 6/26/07
- Clinic Physical Performance Evaluations, 6/17/04, 7/22/04, 1/20/05, 11/29/05
- Large Extremity Range of Motion Exams, 7/21/04, 11/29/05
- Letter, Southwest Medical Examiners, 8/11/04
- Consultation, MD, 8/24/04, 8/30/05
- Chart notes, Spine Care, 9/28/04, 4/18/05
- Recommendations for Treatment, Spine Care, 11/23/04, 12/21/04
- Statement of Medical Necessity, 10/7/04
- Consultations, MD, 5/13/05, 8/17/06, 9/18/06 (Addendum),
- notes, DC, 2/25/05
- Professional Referrals, 6/21/05, 6/28/05, 9/21/05, 10/14/05, 12/14/05, 4/7/06, 5/17/06
- MRI report, elbow, 10/29/05
- Clinic chart notes, 8/23/05 – 6/1/06
- Referral for Chronic Pain Management, 1/26/06
- Consultation MD, 11/18/05
- Letter, MD, 1/30/06
- New patient visit, 1/30/06
- Electrodiagnostic study report, 2/13/06
- Follow up notes, 3/28/06, 10/10/06, 10/23/06

- Impairment Rating MMI/IR, 4/17/06
- Referral for PT evaluation and treatment, 4/18/06
- Office notes, MD, 4/21/06, 5/2/06, 6/6/06, 6/11/06, 7/18/06, 8/15/06, 8/22/06, 9/12/06, 10/20/06, 11/14/06, 12/5/06, 12/19/06, 2/20/07, 4/24/07, 6/19/07
- Letter, MD, 10/20/06
- Intermediate Functional Capacity Evaluation, 11/30/06
- Re-Evaluation, DO, 5/29/07
- Interdisciplinary Program Team Conference, 5/29/07, 6/19/07, 6/26/07, 7/3/07, 7/10/07
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Patient clinical history [summary]

This is the case of a worker who injured his right shoulder and elbow at work.

For medical necessity to be established there must be a reasonable expectation of recovery or improvement within a reasonable and generally accepted timeframe. In addition, the type, frequency and duration of services must be reasonable and consistent with the standards of practice in the chiropractic community.

There are over 440 pages of medical records that have been reviewed. This patient injured his right shoulder and elbow and had surgery on the right shoulder on 11/8/04. In addition he has had treatments for frozen shoulder, MUA and physical therapy. He has had work conditioning and 20 sessions of chronic pain management.

After 20 sessions of chronic pain management along with physical therapy and a host of other treatment options, the patient continues to experience pain and restrictions. He continues to display pain behaviors and there were very little demonstrable improvements from the 20 prior sessions.

The prior review's rebuttal illustrated some minor improvements, but nothing that would indicate a significant increase in strength, ranges of motion or activities of daily living following another 10 sessions. The efficacy of the prior chronic pain program has not been fully demonstrated to show how it would significantly impact this person's activity of daily living or functional capacity.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

OGD Treatment of Workers Comp 12th Ed, Chapter: Pain. Criteria for General Use of Multidisciplinary Pain Management Program

- Adequate and thorough examination was made
- Previous treatment for chronic pain failed

- Significant loss of ability to function due to chronic pain
- Patient not a surgical candidate
- Patient willing to change, including forgo of disability payments to effect this change

Influence of outpatient multidisciplinary pain management program on the health related quality of life and the physical fitness of chronic pain patients. Bertina Joss et al. Dept of Rheumatology and Institute of Physical medicine, Zurich Hospital, Switzerland

Although many different studies have evaluated similar programs, only a few have obtained positive results such as improvement in quality of life or physical strength. Often no difference from the control group can be detected only some months after the intervention. In the present study, no significant persistent improvement of well being occurred. Possible reasons are wrong instruments, wrong selection of patients or wrong interventions.

National Guideline Clearinghouse
Saunders et al Evidence -based clinical practice guidelines for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients, Treatment intensity and timing. Siskin Hospital for Physical Rehabilitation; 2005 41 p (161 references).

The literature continues to support the outpatient treatment of CPS whenever possible, with upper limit of 20 total primary treatment days in most cases. Obviously this upper limit may need to be extended based upon the specific documented outcomes and goals for a given treatment program.

This patient has had considerable therapy and intervention since 2004, including a 20-session pain management program to date. There is no significant improvement demonstrated in the documentation provided. An additional 10 sessions of chronic pain management are not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:
OGD Treatment of Workers Comp 12th Ed, Chapter: Pain. Criteria for General Use of Multidisciplinary Pain Management Program

Influence of outpatient multidisciplinary pain management program on the health related quality of life and the physical fitness of chronic pain patients. Bertina Joss et al. Dept of Rheumatology and Institute of Physical medicine, Zurich Hospital, Switzerland

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