

## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/14/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1. 20 sessions of chronic pain management

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from Rutgers Medical School, after completing his undergraduate degree at Rensselaer Polytechnic Institute. He completed his internship in General Surgery at Pennsylvania Hospital and his residency in Orthopedic Surgery at University of Miami School of Medicine, Jackson, where he served as chief resident. He has been in active practice since 1984. He is a member of American Academy of Orthopaedic Surgeons, American Medical Association, Pennsylvania Orthopedic Society, Eastern Orthopedic Society, and Pennsylvania Medical Society.

**REVIEW OUTCOME:**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. 20 sessions of chronic pain management Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Notice to air analyses by, dated 11/30/2007
2. Confirmation of receipt dated 11/29/2007
3. IRO request form dated 11/29/2007
4. Request for a review dated 11/29/2007
5. Pre authorization report dated 11/13/2007
6. Clinical note by DO, dated 12/14/2007
7. Preauthorization report dated 11/27/2007
8. Clinical note by DO, dated 12/14/2007
9. Review of chronic pain dated 11/27/2007
10. Clinical note dated 11/30/2007
11. Notice of assignment by, dated 11/30/2007
12. Clinical note by MD, dated 11/30/2007
13. Request for reconsideration by MD, dated 11/16/2007
14. Pre-authorization request by MD, dated 11/6/2007
15. Mental health evaluation by MD, dated 10/30/2007
16. Clinical note dated 3/10/2005
17. Follow up visit by MD, dated 9/18/2006
18. Follow up visit by MD, dated 8/7/2006
19. Chart note by MD, dated 6/12/2006
20. Clinical note by MD, dated 6/12/2006
21. Clinical note by MD, dated 5/4/2006
22. Notice of assignment by, dated 11/30/2007
23. Required medical examination by, dated 9/28/2006
24. Required medical examination by MD, dated 9/12/2006
25. Required medical examination by MD, dated 9/12/2006
26. Required medical examination by MD, dated 9/12/2006
27. Required medical examination by MD, dated 9/12/2006
28. The ODG Guidelines were not provided

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a xx year old female with diagnoses of intervertebral disc disorder of the cervical and lumbar spine and derangement of joint in the ankle and foot. The employee sustained the injuries on xx/xx/xx. Since that time she has been treated with medications, therapy, physical rehabilitation, and lumbar and ankle injection therapy, as well as individual psychotherapy and anti-depressant medication. The injured employee was noted with not having adequate pain and stress management skills to bring her anxiety and depression to manageable levels. The provider recommended specific pain and stress management training so that she would be more functional while dealing with her pain on a daily basis. The provider has requested 20 sessions of chronic pain management for this injured employee. This request is now under review for medical necessity.

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

This is a request for 20 sessions of chronic pain management which does not appear to be reasonable or medically necessary as there is no evidence that this patient has any motivation to change. There is evidence of a secondary depression to potentially confound the treatment. The negative predictors of success have not clearly been addressed in the documentation as well. Based upon the lack of evidence and failure of a previous program, a functional capacity evaluation indicating that the claimant is at a light to medium capacity, and the fact that her work only requires medium capacity, it is not considered medically necessary to undergo 20 sessions of chronic pain management. Therefore, the previous denial is upheld.

**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

X 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)