



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 12/12/07 (AMENDED 12/17/07)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of a chronic pain management program five times a week for two weeks

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

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)

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.

10 sessions of a chronic pain management program five times a week for two weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A Designated Doctor Evaluation with, M.D. dated 01/09/07
Preauthorization requests from, M.D. dated 08/30/07, 10/05/07, and 10/16/07
Reconsideration requests from Dr. dated 09/12/07 and 10/15/07
A concurrent report from,, L.P.C. dated 10/04/07
A letter of non-certification, according to the ODG Guidelines, from , M.D. dated 10/10/07
A letter of non-certification, according to the ODG Guidelines, from , D.O. dated 10/22/07
An evaluation with, M.D. dated 11/21/07
A letter of medical necessity from Dr. dated 11/28/07
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 01/09/07, Dr. placed the patient at Maximum Medical Improvement (MMI) with an 11% whole person impairment rating. On 08/30/07, Dr. wrote a preauthorization request for 20 sessions of a chronic pain management program. On 09/12/07, Dr. wrote a request for reconsideration of the pain management program. On 10/04/07, Ms. recommended 10 more sessions of a pain management program. On 10/10/07, Dr. wrote a letter of non-certification for 10 sessions of the pain management program. On 10/15/07, Dr. provided a request for reconsideration letter for pain management. Dr. wrote a letter of non-certification for 10 sessions of the pain management program on 10/22/07. On 11/21/07, Dr. recommended a total knee replacement, Lidoderm patches, and Vicodin. On 11/28/07, Dr. continued to request 10 more sessions of pain management.

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

This patient has completed at least eight sessions of a chronic pain management program under the direction of Dr. . Despite Dr. non-specific assertion of the patient having improved with treatment, all of the objective studies documented indicate minimal to no change in the patient's psychological testing, GAF, and self-reported psychological status. Based upon these results and the absence of any objective measure of functional improvement, decreased medication use, or significant improvement in functional ability, it is abundantly clear that this patient did not gain any significant clinical benefit from the initial eight sessions of the chronic pain management program.

According to ODG criteria as well as published studies in medical literature (i.e. Sanders, et. al.), there is no medical reason or necessity for this patient to attend any additional chronic pain management program based on lack of clinical

benefit thus far. Moreover, this patient has not only failed to gain clinical benefit from the chronic pain management program under Dr. supervision, the patient has previously failed to gain any significant clinical benefit from individual psychotherapy treatment. Therefore, it is clear that this patient is not likely to respond to psychology-based treatment provided by Dr. in the chronic pain management program.

Finally, it is not medically reasonable, necessary, or appropriate for any patient to be considered for or admitted to a chronic pain management program unless all medical treatment options have been exhausted. According to the progress note from Dr. less than two weeks ago, the patient is being considered for major surgery involving his right knee, which clearly proves that all treatment options have not yet been exhausted. Therefore, the 10 sessions of a chronic pain management program would be neither reasonable nor necessary.

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 AND KNOWLEDGE BASE
- 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)

Sanders, et. al.