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Notice of Independent Review Decision

DATE OF REVIEW: 12-18-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program (CPMP) for 20 days (160 hours)

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

Certified by The American Board of Psychiatry

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/ Overturn
		Prospective	840.9 847.1 847.2	97799	20	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Non-Certification Letters dated 11-06-07 and 11-28-07

MRI of the right shoulder Exam Date 06-11-07
MRI of the Cervical Spine Exam Date 07-16-07
Nerve Conduction Studies 07-30-07
S.O.A.P notes 08-08-07
Initial Examination report 08-03-07
Preauthorization Request 11-01-07
Reconsideration Request 11-19-07
Behavioral Health Screening Assessment 09-12-07
Consultation Report 09-12-07
Physical Rehabilitation Evaluation 09-12-07
Case Summary dated 11-01-07
Letter of Referral and Medical Necessity 09-04-07

PATIENT CLINICAL HISTORY:

This xx-year-old claimant suffered a work related injury on xx/xx/xx. Prior treatment included conservative care and medications. It was noted on the report of 11-01-07 that the claimant had 6 individual therapy and biofeedback / relaxation sessions with marginal success. The report of 09-12-07 documented that the claimant's pain was focused on the neck, back and shoulder and it was noted that pain was not in accordance with his pathology. His motivations to change and his ability to deal with negative predictors were not elaborated upon. The request for CPMP was 6 months after the injury.

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

The Reviewer commented that ODG Guidelines cites the following criteria for CPMP: 1) adequate and thorough evaluation; 2) previous methods of treating chronic pain have been unsuccessful and there is absence of other options likely to result in clinical improvement; 3) significant loss of ability to function related to the chronic pain; 4) not a candidate for surgery or other treatment; 5) exhibits motivation to change and willing to forgo secondary gains; 6) negative predictors have been addressed.

The Reviewer noted that these criteria do not appear to be met. Additionally, the place for interdisciplinary treatment progress appears to be a period of no later than 3-6 months after the disabling injury (ODG, 2007). Negative predictors of efficacy for CPMP are high levels of psychosocial distress, duration of pre-referral disability time and prevalence of opioid use (ODG, 2007).

There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehab facilities for neck and back pain (Karjalainen, 2003).

In the opinion of the Reviewer, the request for chronic pain management of 160 hours is not medically necessary for this claimant.

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)