

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program (20 Sessions)

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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.

This patient appears to be a candidate for a chronic pain management program. The Official Disability Guidelines recommend treatment that is not "longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Therefore, I do not agree with 20 sessions in a chronic pain management program. I do think that the patient is a candidate for involvement in a chronic pain management for two weeks (10 sessions) based on the Official Disability Guidelines.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/3/07, 10/17/07
Spine & Rehab, 1/3/06-8/30/07

ODG Guidelines and Treatment Guidelines
Evaluation, , MA, LPC, 9/11/07
FCE, 8/30/07
PPE, , DC, 8/30/07
Treatment Plan, , MA, LPC, 10/10/07
Dr. , 5/9/05-8/9/07
Dr., 7/11/06-9/4/07
Dr., 6/28/05, 8/16/05
D.C. 11/19/07, 10/10/07, 1/9/07, 12/5/06, 10/9/07, 9/4/07, 7/9/07, 10/6/06
Dr., 1/23/06-4/12/07
D.C, 8/21/06, 7/12/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on xx/xx/xx while picking up “heavy trash.” Since that time, she has undergone lumbar decompressive surgery, epidural steroid injections and physical therapy. She is also currently on opioid medications and other adjunct medications for her pain. Despite these treatments, her pain continues. In addition, the patient seems to be suffering from anxiety and depression because of her pain. Because the patient has not responded to surgery, interventional procedures, and physical therapy, a chronic pain management program has been recommended.

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

Per the Official Disability Guidelines, the reviewer finds that this patient is a candidate for a chronic pain management program. However, the Official Disability Guidelines do suggest that treatment should not last “longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.” Therefore, I cannot approve a request for 20 sessions of a chronic pain management program. However, the reviewer finds that 10 sessions of a chronic pain management program over a two-week period are medically 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 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)