



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of chronic pain management

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A mental health evaluation, L.P.C. dated 05/17/07
Preauthorization requests from, M.D. dated 05/22/07, 05/24/07, and 06/18/07
Letters of non-certification dated 05/30/07 and 06/25/07
Request for reconsideration letters from Dr. dated 06/18/07 and 07/02/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 05/17/07, requested 20 sessions of a pain management program. On 05/22/07, 05/24/07, and 06/18/07, Dr. wrote preauthorization requests for the pain management program. On 05/30/07 and 06/25/07, wrote letters of non-certification for the pain management program. On 06/18/07 and 07/02/07, Dr. wrote request for reconsideration letters for the pain management program.

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

A chronic pain management program is only medically reasonable and necessary when the patient has exhausted all appropriate medical evaluation and treatment. In this case, there is no documentation of this patient having had either evaluation or treatment by an orthopedist nor of a sufficient trial of antidepressant medications to treat the patient's alleged depression. Moreover, the rationale quoted by Dr. in his preauthorization request and reconsideration requests were incorrect in that he overstated the patient's pain level and incorrectly stated the patient had "exhausted" all other levels of medical treatment. Without proper orthopedic evaluation and treatment of the patient's left ankle sprain, it is abundantly clear that appropriate medical treatment options could not possibly have been exhausted. Finally, the medical literature does not support an initial request for twenty sessions of a chronic pain management program. I specifically refer to the articles by Sanders, et al, in The Journal of Back and Musculoskeletal Rehabilitation in 1999 in which it is stated that no more than five, possibly 10 sessions at most of a chronic pain management program are appropriate as an initial trial of that treatment to both assess the patient's compliance with treatment and response to such treatment. In a patient such as this who allegedly had individual psychotherapy with no benefit, it would not necessarily be expected for further psychology-based treatment to have any greater effect, thereby making the limited trial of a chronic pain management program even more necessary to evaluate her response rather than admitting her for an initial trial of twenty sessions. Therefore, since this patient has clearly not exhausted all appropriate medical evaluation and treatment options, has only minimal elevations on the psychological screening tests performed, has not had an adequate trial of anti-depressants, and has not had response to prior psychological treatment efforts, the denial of the request for 20 sessions of a chronic pain management program is appropriate and, therefore, 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 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. The Journal of Back and Musculoskeletal Rehabilitation