



DATE OF REVIEW:

06/29/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten (10) sessions of chronic behavioral pain management program.

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

Board Certified.

REVIEW OUTCOME

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

Upheld (Agree)

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.

The ten (10) sessions of chronic behavioral pain management sessions are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 06/26/07
- MCMC Referral dated 06/26/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 06/25/07 from
- DWC: Notice To Utilization Review Agent Of Assignment Of Independent Review Organization dated 06/25/07 from
- IRO Coordinator: Letter dated 06/25/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 06/20/07
- LHL009: Request For A Review By An Independent Review Organization dated 06/07/07
- Letter dated 06/20/07 from
- Letters dated 05/22/07, 04/18/07
- Notice of Utilization Review Findings dated 05/22/07, 04/18/07
- Systems: Request For An Appeal dated 05/10/07
- Systems: Letter dated 04/09/07
- Systems: Fax Cover Sheet dated 04/09/07 with handwritten notes
- Systems: Diagnostic Interview and Treatment Plan dated 03/30/07 from, with attached Physical Performance Exam

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury xx/xx/xx. The injured individual had lumbar surgery in 1994 and 2005. She had 70 psychiatric sessions, biofeedback, acupuncture, 20 epidural steroid injections (ESIs), work hardening, and a prior pain program. She has Beck Depression Index (BDI) testing of 31, Beck Anxiety Index (BAI) of 19, is using Vicodin, Ambien, and naproxene with ongoing multiple pain complaints and not working. The injured individual had exposure to a pain program in the past which is expected to be a tertiary line of care that should teach coping skills, return to work (RTW) skills, and reduce medication requirements. There is typically no reason to repeat this program, as it should teach the injured individual life skills.

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

The pain management program is denied because the injured individual has already attended a pain program in the past with no sustained benefit. In addition, she has had work hardening, months of psychotherapy, biofeedback on an individual basis and remains significantly depressed and anxious by testing. Finally, per a prior review, she has not utilized treatment for years which questions injury relatedness to the current complaints and compliance with treatment.

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**
- **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**