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**DATE OF REVIEW:** 5/22/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic pain management program – 10 sessions

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

Board certified in Preventive Medicine, Certified in Occupational Medicine and DWC ADL approved.

**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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Chronic Pain Management – 10 sessions	97799	Upon approval	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Record Description	Record Date	Pages
1. Office visit report - LPC	02/20/2007	1
2. Office visit report - LPT	03/01/2007	4
3. Initial denial letter -	03/13/2007	2
4. Office visit - Dr.	03/15/2007	1
5. Appeal preauthorization denial letter –	03/30/2007	3
6. Appeal denial upheld letter -	04/10/2007	2
7. Statement supporting denial –	05/03/2007	3
8.		
9.		
10.		
11.		

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is status post medial meniscectomy. The patient apparently had back surgery as well. The patient has had extensive rehab including a CPMP in the past. Note from the LPC 3/3/07 indicate that the patient is in need of a second CPMP. The rationale is that the patient has been injured for a long period of time and has chronic pain with resultant physical and psychological barriers.

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

Adverse Determination. No compelling medical reason to repeat the program has been provided. The patient has completed a CPMP in the past and was taught coping and pain management strategies. Repeating the same thing would be duplicative and redundant. The patient has reasonably received the maximal benefit from the CPMP that was performed in the past. Repeat CPMP is a circuitous treatment strategy.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ODG criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

- (1) An adequate and thorough evaluation has been made.
- (2) Previous methods of treating the chronic pain have been unsuccessful.
- (3) The patient has a significant loss of ability to function independently resulting from the chronic pain.
- (3) The patient is not a candidate where surgery would clearly be warranted.
- (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

Inpatient admissions for pain rehabilitation may be considered medically necessary only if there are significant medical complications meeting medical necessity criteria for acute inpatient hospitalization.