5068 West Plano Parkway Suite 122
Plano, Texas 75093
Phone: (972) 931-5100

DATE OF REVIEW: 04.24.08 AMENDED DECISION 05/01/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pain management program 5 days a week for two weeks for 8 hours per day to include 99199

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery
TX DWC ADL

REVIEW OUTCOME:

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

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Pain management program 5 days a week for two weeks for 8 hours per day to include 99199		-	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Xxxx was injured xx/xx/xx. This patient's initial and remote injury was a slip and fall with multiple contusions. Most of the subjective complaints have been thoroughly and objectively evaluated. Nothing of import or of a surgical nature has been found. Even recent clinical examination shows diffuse shoulder and neck pains persist without out any focal motor, reflex or sensory findings of a consistent nature. X-rays of all body parts have been negative. MRI's revealed degenerative changes without nerve compression. A very thorough and complete designated doctor examination 10/11/07 was reviewed. A thorough examination revealed nothing of a pathologic nature and she was cleared for work with mild medical restrictions. Medical maintenance care only was recommended. A WBI was issued. More recent vintage notes do not contradict any of those found in the designated doctor report.

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

Consistent with a recent psych interview, a large portion of the concerns are her ability to work. The pain management program requested seems to be an excessive utilization of medical resources for this rather benign presentation to date. With a GAF of 60 this patient would do better with immediate return to work with the accommodations suggested by the designated doctor and at most accommodated with 1-2 weeks of limited work conditioning or work hardening program in lieu of the pain management program recommended. There are certainly indications for a pain management program recognized in evidence based guidelines. I would offer this request falls outside of those guidelines.

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.
(4) 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.

ACOEM guideline, Chapter 3, page 49, states, "caution is warranted because some patients develop treatment dependence." Additionally, any further treatment in this case would well exceed the recommendations of the ACOEM Guidelines, specifically Chapter six, referencing pages 113-114, that states that "general intervention for treating pain should be time limited and goal orientated"; prolonged therapy that does not have clear evidence of sustained gains over time would lead to system induced disability, as well as somatization, physician dependency, illness chronicity and deconditioning, all of which are adverse effects of the patient.

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

ODG
ACOEM