

Notice of Independent Review Decision

DATE OF REVIEW: 12/19/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPT 97799 Chronic Pain Management Program x
10 days/sessions

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from Trinity University and completed training in Psychology at Louisiana State U, Baton Rouge. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Psychology since 1981.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

CPT 97799 Chronic Pain Management Program x 10 days/sessions Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Ms. sustained a work related injury to her lumbar spine and right hip on xx/xx/xx while performing her customary duties as a for . She was walking down the stairs that were wet and fell backwards on her buttocks. She received treatment from her doctor on xx/xx/xx. She underwent surgical intervention on 9/21/2006. She was advanced to individual psychotherapy. Her medications include Darvocet and Robaxin.

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

A chronic pain management program x 10 sessions is not medically necessary. The injured employee is a xx year old female whose date of injury is listed as xx/xx/xx. On this date the patient was reportedly walking down stairs that were wet and fell backwards on her buttocks. The patient underwent treatment with oral medications, x-rays, physical therapy, injections, and ultimately underwent surgical intervention on 09/21/06. The patient underwent an initial behavioral medicine consultation on 09/18/08. The patient rates her pain as 8/10. The patient reports sleep disturbance with a dysthymic and anxious mood and constricted affect. The diagnosis was major depressive disorder, single episode, moderate, secondary to work injury and pain disorder associated with both psychological factors and a general medical condition, chronic, secondary to work injury. BDI was reported as 24 and BAI was 14. The patient subsequently underwent 4 sessions of individual psychotherapy with modest improvement. The patient was recommended for a work conditioning program which was denied. It is reported that conservative treatment has been exhausted and the patient is not considered a surgical candidate. Current medications are listed as Darvocet-N 100 and Robaxin. It is reported that after the IPT sessions the patient's subjective reports of irritability, frustration,

muscle tension and anxiety have increased, and the patient has reported reductions in vocational distress, depression and forgetfulness/poor concentration. The patient's pain level has recently increased. It is reported that the patient has made some progress with IPT, but her VAS scores remain very high. The patient underwent a functional abilities evaluation on 11/04/08 which reported that the patient's current PDL is sedentary and her required level is also sedentary. A previous request for chronic pain management program was denied based on a lack of evidence that the patient has exhausted lower levels of care. Based on the clinical information provided, the requested 10 sessions of chronic pain management program are not recommended as medically necessary. The patient's date of injury is greater than 3 years old, and the Official Disability Guidelines do not support chronic pain management programs for patients with a date of injury greater than 2 years old. The patient is not taking any antidepressant and the patient's Beck Depression Inventory score is considered moderate. The patient's Beck Anxiety Inventory score is considered less than moderate. The patient's current physical demand level is sedentary as is her required PDL, and therefore the patient is capable of functioning at her required level for return to work. Given the current clinical data, objective and subjective findings, the request for 10 sessions of chronic pain management program is not indicated as medically necessary. Therefore, the previous denial is 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 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

X 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)