

I-Decisions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 6, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program 5 times a week for 2 weeks, 8 hours per day

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

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management for 22 years.

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.

The reviewer finds that medical necessity does not exist for chronic pain management program 5 times a week for 2 weeks, 8 hours per day.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/20/07, 1/18/08
ODG Guidelines and Treatment Guidelines, Pain
Functional Capacity Evaluation, 6/6/07
MS, LPC, 6/14/07, 9/7/07

Exam Notes, 5/22/07
D.C., 5/25/07, 10/16/07, 12/13/07
LPC, 12/14/07
MD, 6/19/07, 8/9/07, 11/1/07, 11/29/07
EMG, 7/3/07
Daily Program Progress and Symptom Reports, 10/1/07, 10/8/07, 10/9/07, 10/10/07,
10/11/07, 10/12/07, 11/5/07, 11/6/07, 11/7/07, 11/8/07, 11/9/07
Healthcare Request for Appeal Letter, 1/8/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a crushed hand in a work-related accident. Surgery times two including amputation of portions of three digits were performed, and the claimant also had injections, physical therapy, electrical stimulation, medication, and work hardening times twenty sessions.

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

The ACOEM Guidelines 2004, Chapters Five and Six, stress the need for diagnostic clarity in individualized time-limited treatment plans with clear functional goals as a cornerstone of effective treatment. The goals in this request are not defined as follows: (1) to decrease pain medications; this is ill-defined and nonspecific; (2) to simulate daily activities; this type of activity has been addressed by the work hardening program; additional therapy would be redundant; (3) "get patient competent in home exercise program;" this also should have been addressed by physical therapy and work hardening program. Therefore, the ACOEM Guidelines have not been met, and additional pain management programs would be redundant and unnecessary. The reviewer finds that medical necessity does not exist for chronic pain management program 5 times a week for 2 weeks, 8 hours per day.

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
- 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)