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Notice of Independent Review Decision

DATE OF REVIEW: 01-14 -08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of Chronic Behavioral Pain Management

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

Certified by The American Board of Psychiatry and Neurology

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	Service Units	Upheld/ Overturn
		Prospective	825.25	10	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notification of Determination dated 11-14-2007
Utilization Review Decision dated 12-4-2007

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Request for an Appeal dated 11-20-2007
Examination Findings dated 10-18-2007; 11-12-2007; 06-01-2006; 06-20-2006;
07-20-2006
Treatment Plan/Quality of Care 10-18-2007; 11-05-2007; 10-29-2007;
10-18-2007; 11-12-2007
Evaluation - Date of Evaluation 10-13-06; 03-10-2006;
Physical Performance Evaluation 01-17-2007; 03-10-2006;
Designated Doctor Examination dated 02-27-2006; 11-02-2005
Medication prescription 03-13-2006
Pain Rehabilitation Program Treatment Dates: 10-04-2007; 10-05-2007;
10-08-2007; 10-09-2007; 10-10-2007; 10-11-2007; 10-12-2007; 10-15-2007;
10-16-2007; 10-18-2007; 10-29-2007; 10-30-2007; 11-02-2007; 11-05-2007;
11-06-2007; 11-07-2007; 11-08-2007; 11-09-2007; 11-12-2007
Weekly Physical Summary for Chronic Pain Program dated 10-05-2007
Official Disability Guidelines (ODG) Web Based Edition and Chronic pain
programs ODG accessed September 26, 2007

PATIENT CLINICAL HISTORY:

This claimant sustained a lateral oblique comminuted fracture of the head of the first metatarsal on the right foot when some pipes dropped on the right foot. The claimant is status post ORIF with plate and screws followed by bone grafting for non-union in 2005. The claimant has had post op physical therapy, individual psychotherapy, biofeedback sessions, and has completed 20 session of chronic pain management from October to November 2007. Medications include Hydrocodone, Flexeril, Zoloff.

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

The Reviewer referenced ODG Guidelines 2007: Criteria for the use of multidisciplinary pain management programs are: 1) an adequate and thorough evaluation including baseline functional testing; 2) previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options; 3) the patient has a significant loss of ability to function independently; 4) the patient exhibits motivation to change and is willing to forgo secondary gains; 5) the patient is not a candidate for surgery or other treatment; and 6) negative predictors have been addressed.

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Negative predictors of efficacy of treatment include 1) negative relationship with employer; 2) poor work adjustment and satisfaction; 3) negative outlook for future employment; 4) high levels of psychosocial distress; 5) improvement in financial disability disputes; 6) smoking; 7) duration of pre-referral disability; 8) prevalence of opiod use; and 9) pretreatment levels of pain. (Linton 2001, Bendix 1998, McGeary 2006, McGeary 2004)

The likelihood of return to work diminishes significantly after approximately 3 months of sick leave (Robinson 2004, Gatchel 2003).

According to the Reviewer, after 3 years 8 months after initial injury, the patient continues to have high levels of psychosocial distress, continues on opiod medications. The physician examination of 10-18-07 describes marked improvement in functional status and psychodynamics suggesting that the claimant has applied for possible employment.

In the opinion of the Reviewer, there is insufficient documentation to justify continuation in a chronic behavioral pain management program. The opportunity for further success of such a program diminishes after this interval post-injury. The claimant continues to have high levels of psychosocial distress but expressed readiness for re-employment.

Based on information provided, the request for chronic pain management program 5x / week x 2 weeks is not medically necessary.

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**

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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)