

Notice of Independent Review Decision

DATE OF REVIEW: 03-15-08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program (CPMP) 20 sessions

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

Certification 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	HCPCS/ NDC	Upheld/ Overturned
		Prospective		97799	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Denial Notice dated, 01-04-08
- Denial Notice (reconsideration) dated, 02-04-08
- Patient Profile
- Physician prescription dated, 11-30-07 and 01-11-08
- Pre-authorization Request ending date 01-04-08
- Consultation report dated, 11-20-07 and 01-11-08
- Psychosocial Assessment Report dated, 11-30-07
- Supporting Date Report (report date 11-21-07)

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Initial Chronic Pain Management Treatment Plan
Individual Schedule and Treatment Plan for claimant
Pre-authorization Request for ending date, 02-29-08
Pre-authorization Request for Continued (IRO Position Statement)
Official Disability Guidelines (ODG) – Treatment in Workers' Comp.
Integrated/Disability Duration Guidelines Pain; Guidelines for the assessment
and management of chronic pain; Work Loss Data Institute, ODG, 2007

PATIENT CLINICAL HISTORY:

This claimant suffered a work related injury with back pain. There were described findings of disc protrusion, L5 compression fracture and osteoporosis. The claimant was not a surgical candidate and treatment included conservative care, physical therapy, home exercises and medication, which included Citalopran, Ultram, and Hydrocodone. Psychological assessment suggested severe depression, anxiety with multiple areas of concern and a high perceived need for narcotic medication.

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

ODG guidelines for outpatient pain rehabilitation program include the following: 1) an adequate and thorough evaluation; 2) previous methods of treating the chronic pain have been unsuccessful; 3) the patient has a significant loss of ability to function independently from the chronic pain; 4) the patient is not a surgical candidate; 5) the patient express motivation to change and is willing to forgo secondary gains; 6) negative predictors of success have been addressed. (Work Loss Data Institute ODG, 2007)

Negative predictors of efficacy include: 1) a negative relationship with the employer; 2) poor work adjustment and satisfaction; 3) negative outlook for future employment; 4) high levels of psychosocial distress; 5) involvement in financial disputes; 6) smoking; 7) duration of pre-referral time; 8) prevalence of opioid use; and 9) pre-treatment levels of pain. (Work Loss Data Institute, ODG 2007)

The claimant is now 10 months post-injury. ODG notes the likelihood of return to work after approximately 3 months of sick leave is diminished. The Reviewer noted that documentation does not fully establish that all appropriate treatment has been exhausted. The evaluation does not assess other factors that may contribute to delayed recovery.

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In conclusion, based on the information provided, the Reviewer is of the opinion that the claimant does not meet ODG criteria for a CPMP of 20 sessions and 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
- 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)