

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 03/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of chronic behavioral pain management program

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

M.D., Board Certified in Anesthesiology with Certificate of Added Qualifications by the American Board of Anesthesiology in Pain Management, in practice of Pain Management for 28 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)

Upon independent review the reviewer finds that the requested twenty sessions of chronic behavioral pain management program is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 1/10/08, 2/4/08
Guidelines
Guidelines
ODG Guidelines and Treatment Guidelines
ACOEM Guidelines
Clinical Practice Guidelines

IRO Summary

Consultation/Exam DC 3/10/06, 3/31/06, 5/11/06, 6/14/06, 7/28/06, 8/3/06, 9/1/06, 10/9/06, 11/3/06, 12/13/06, 1/3/07, 2/6/07, 3/6/07, 3/7/07, 4/4/07, 5/9/07, 6/6/07, 8/3/07, 8/15/07, 10/16/07

Consultation/Exam PA-C 3/16/06, 4/20/06, 5/4/06, 6/8/06, 6/20/06, 2/22/06

Consultation/Exam MD Upper Extremity Eval 5/25/06, 8/24/06, 10/5/06, 11/2/06, 11/30/06, 1/11/07, 3/22/07, 7/23/07

Consultation/Exam MD 9/11/06

Consultation/Exam MD 9/27/06

Consultation/Exam LCSW 9/17/07

Evaluation PC 11/2/07

Physical Performance Exam DC 11/2/07

Consultation/Exam DC 1/15/08

Treatment Report DC 1/15/08

Exam Cervical 3/13/06

Exam Thoracic Spine 3/13/06

Exam Lower Spine 3/13/06

Exam Shoulder 3/13/06, 10/22/07

Exam Elbow 3/13/06

MRI Shoulder 4/6/06

Range of Motion Muscle Test 5/17/06

ECG 9/11/06

Chest Exam 9/11/06

Cardiolite Study 9/21/06

MRI Cervical 1/10/07

MRI Elbow 1/10/07

EMG/NCV 6/25/07

Range of Motion Exam 8/10/07

Surgical Intervention Notes 4/20/06, 6/20/06, 9/27/06, 2/22/07

Pain Management Follow Up 7/27/07

Mental Health Eval 9/17/07

Case History Record 10/11/07

Exam/Consultation Unreadable Physician 11/21/07

Healthcare Evaluation 1/3/08, 1/23/08

Initial Evaluation 6/22/06, 10/13/06

Re Evaluation 2/27/07

Evaluation 7/10/07

Daily Treatment Logs 2006 3/10, 3/31, 4/7, 4/13, 4/18, 4/20, 4/26, 4/27, 5/4, 5/5, 5/10, 10/6, 11/2, 11/3, 11/14, 11/28

Daily Treatment Logs 2007 1/26, 2/15, 3/21, 3/23, 3/26, 3/28

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual injured her shoulder on the job and subsequently underwent a Mumford surgical procedure. There is some pain remaining. She is on minimal medications.

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

The ODG criteria state that outpatient pain rehabilitation program may be considered medically necessary when all the following criteria are met:

1. *An adequate and thorough evaluation has been made.* The evaluation was cursory and did not include the usual testing instruments such as the MMPI. This goal has not been met.
2. *Previous methods for treating chronic pain has been unsuccessful.* Goal met.
3. *Patient has significant loss of ability to function independently from chronic pain.* This has not been met. The patient is able to function independently, although some pain remains. This is a xx-year-old who has underlying cervical degenerative changes.
4. *The patient is not a candidate where surgery would be warranted.* This goal has been met.
5. *The patient exhibits motivational changes and is willing to forego secondary gains including disability and pain to effect this change.* There is no indication in the record that this goal has been met.

Therefore, the criteria have not been met for twenty sessions of a chronic pain management program.

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)