

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 28, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

5 Sessions Chronic Pain Management

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

Board Certified in Physical Medicine and Rehabilitation

Board Certified in Pain Management

Board Certified in Electrodiagnostic Medicine

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old man who fell from a scaffold onto his right hand in xx/xxxx. He apparently sustained a fracture wrist, although xrays and orthopedic reports from the time were not provided with the other medical records. The patient reportedly had pain, swelling and burning. His cast was removed. The claimant then apparently underwent a carpal tunnel release in September 2006 and a Darrach type procedure (resection of the ulnar styloid) in March 2007. The records also show he had a bronchoscopy or thoracentesis in November 2006 for a fractured wrist. He had an epidural injection as well. The patient continues to have pain, depression and agitation. He received 25 sessions of a chronic pain management program, and there is a pending request for an additional 5 sessions. One concern expressed in the appeal was that the sessions were interrupted by a combination of holidays and pending insurance approval.

There were apparently no compliance issues. The claimant currently has burning pain along the ulnar digits. Numbness and a palpable mass was described in the wrist by Dr. Strength is reduced. He is currently on tramadol and ibuprofen.

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

This patient has had 25 sessions of pain management program and has made some gains. He reportedly still perceives himself as having an extremely severe injury and impairment. He may be motivated based upon the material provided.

However, the reviewer's concern is that the request for 5 more sessions, for a total of 30 sessions -- when 20 is the recommended maximum according to the ODG.

The requestors have provided clear goals and individual care plans, but have failed to provide the "proven outcomes" required by the ODG criteria for treatment in excess of 20 sessions.

From the ODG: Chronic pain programs (functional restoration programs)
...Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. ...These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors....

Criteria for the general use of multidisciplinary pain management programs:... Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The patient should be at MMI at the conclusion.

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
- AHCP- 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)