

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 4/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 10 Sessions (80 hours) of Chronic Pain Management Program (97799)

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the and graduated as a Doctor of Philosophy. She has worked as a licensed psychologist and supervising psychologist in Austin, TX since 2002 and 2004 respectively. She has published numerous papers and is a member of the American Academy of Pain Management and American Psychological Association.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. 10 Sessions (80 hours) of Chronic Pain Management Program (97799) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This worker is a male who was injured at work while pulling some heavy materials in a cart on xx-xx-xx. He felt a sharp pain in his lower back. His diagnosis is intervertebral disc displacement, for which he has had 2 steroid injections administered to his lower back. He has since been rehabilitated with individual psychotherapy, 12 sessions of physical therapy, and medication which has provided marginal results.

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

For this injured male worker, it is recommended that the previous denial is upheld. The basis for denial of a chronic pain management program (CPMP) at this time remains the same as no new information was provided. All lower levels of care have not been reasonably attempted to include a course of individual psychotherapy. The injured employee has been diagnosed with a Pain Disorder associated with psychological factors and general medical condition. Beck Inventories suggests severe depressive and moderate anxiety symptoms. The frequency of psychotherapy sessions has not been provided; however, there is one progress note (dated 1/19/2009) from Dr. suggesting the injured employee has received one psychotherapy session. Additionally, as also indicated by the two previous reviewers, there is no information provided regarding whether the injured worker would also benefit from other medical interventions. Finally, the Official Disability Guidelines recommend CPMPs with proven outcomes. There is no outcome data provided for this program, therefore, it is recommended to deny the request at this time as 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

X 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)