

Notice of Independent Review Decision

DATE OF REVIEW: 11/23/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

(97799) Chronic Pain Management Program (10 days) - Lumbar

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in MO.

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)

(97799) Chronic Pain Management Program (10 days) - Lumbar Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax cover sheet dated 11/5/2009
2. Letter of requested services for Chronic Pain Management (10 days) Lumbar dated 11/5/2009
3. Fax cover sheet by PhD dated 10/14/2009
4. Chronic pain management program pre authorization request by MD dated 10/14/2009 Request for 10 final days of a chronic pain management program by MS, LPC, CRC dated 10/14/2009
5. Fax cover sheet by PhD dated 9/22/2009
6. Chronic pain management program pre authorization request by MD dated 9/22/2009 Request for 10 final days of a chronic pain management program by MS, LPC, CRC dated 9/22/2009
7. Patient information by dated 9/21/2009
8. Insurance verification form for worker's compensation dated 7/22/2008
9. Fax cover sheet dated unknown Chronic pain management program design by author unknown dated unknown
10. Facsimile Cover sheet dated 11/2/2009
11. Notice of Case Assignment form dated 11/2/2009
12. Appeal letter by MD dated 10/14/2009
13. Patient / injured employee IRO request form by author unknown dated 10/28/2009
14. Company request for IRO form by author unknown dated 10/28/2009
15. Adverse determination letter by DO dated 9/28/2009
16. Letter by dated 11/6/2009
17. Fax cover sheet dated 11/5/2009

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18. Carrier submission dated 11/5/2009
19. Fax cover sheet dated 11/2/2009
20. Notice of assignment of independent review organization dated 11/2/2009
21. Notice of case assignment dated 11/2/2009
22. Request for a review by an independent review organization by dated 10/28/2009
23. Letter of reconsideration of our medical determination regarding treatment by MD dated 10/21/2009
24. Fax cover sheet by PhD dated 10/14/2009
25. Chronic pain management program preauthorization request by MD dated 10/14/2009
26. Request for 10 final day of a chronic pain management program by MS, LPC, CRC dated 10/14/2009
27. Letter of notification of determination by DO dated 9/28/2009
28. Fax cover sheet by MD dated 9/22/2009
29. Request for 10 final day of a chronic pain management program by MS, LPC, CRC dated 9/22/2009
30. Chronic pain management program preauthorization request by MD dated 9/22/2009
31. Client information by author unknown dated 9/21/2009-5/19/2009 multiple dates
32. History & Physical note by DO dated 5/19/2009 Behavioral medicine evaluation note by MA dated 3/6/2009
33. MRI report of the Lumbar Spine without contrast by MA dated 1/26/2009
34. Insurance verification form dated 7/22/2008
35. MRI report of the Lumbar Spine W/O contrast enhancement by MD, DABR dated 3/30/2006
36. Fax cover sheet by UR dated unknown Confirmation of receipt of a request for a review by an independent review organization (IRO) by dated unknown
37. Fax cover sheet dated 11/5/2009
38. Letter of requested services for Chronic Pain Management (10 days) Lumbar dated 11/5/2009
39. Letter dated 11/6/2009
40. Fax cover sheet dated 11/5/2009
41. Carrier submission dated 11/5/2009
42. Carrier submission dated 11/5/2009
43. Fax cover sheet dated 11/2/2009
44. Notice of assignment of independent review organization dated 11/2/2009
45. Notice of case assignment dated 11/2/2009
46. Request for a review by an independent review organization by dated 10/28/2009
47. Letter of reconsideration of our medical determination regarding treatment by MD dated 10/21/2009
48. Fax cover sheet by PhD dated 10/14/2009
49. Chronic pain management program preauthorization request by MD dated 10/14/2009
50. Request for 10 final day of a chronic pain management program by MS, LPC, CRC dated 10/14/2009
51. Letter by MD dated 10/21/2009
52. Fax cover sheet by PhD dated 10/14/2009
53. Chronic pain management program preauthorization request by MD dated 10/14/2009
54. Request for 10 final days of a chronic pain management program by MS, LPC, CRC dated 10/14/2009
55. Group note by dated DC dated 9/28/2009
56. Individual physical therapy note by dated 9/28/2009
57. Letter of notification of determination by DO dated 9/28/2009
58. Letter by DO dated 9/28/2009
59. Group note by dated PhD dated 9/25/2009
60. Massage therapy note by RMT dated 9/25/2009
61. Fax cover sheet by MD dated 9/22/2009
62. Request for 10 final day of a chronic pain management program by MS, LPC, CRC dated 9/22/2009
63. Chronic pain management program preauthorization request by MD dated 9/22/2009
64. Client information by author unknown dated 9/21/2009-5/19/2009 multiple dates
65. CPM biofeedback therapy note by MA, M.Ed dated 9/23/2009
66. Individual psychotherapy note by PhD dated 9/23/2009
67. Fax cover sheet by PhD dated 9/22/2009
68. Chronic pain management program preauthorization request by MD dated 9/22/2009
69. Request for 10 final days of a chronic pain management program by MS, LPC, CRC dated 9/22/2009
70. Patient information by RMT dated 9/21/2009
71. Massage therapy note by dated 9/18/2009
72. Individual psychotherapy note by PhD dated 9/14/2009
73. Certificate of medical necessity by author unknown dated 6/26/2009
74. Environmental intervention – 90882 by PhD dated 6/24/2009
75. Group note by MA, M.Ed. dated 6/19/2009-9/23/2009
76. Group note dated 6/18/2009-9/24/2009

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77. Group note dated 6/17/2009-9/25/2009
78. Individual patient coordination by PhD dated 6/16/2009-9/22/2009
79. Client information by DC dated 6/16/2009
80. Interdisciplinary program team conference by author unknown dated 6/16/2009
81. Group note by DC dated 6/15/2009-6/18/2009
82. Group note by PhD dated 6/15/2009-6/18/2009
83. Group note by MA, PhD dated 6/15/2009-9/14/2009
84. Daily rehabilitation worksheet by author unknown dated 6/15/2009-6/19/2009
85. Group note by DC dated 6/11/2009
86. Group note by MA dated 6/11/2009
87. Group note dated 6/11/2009
88. Group note dated 6/10/2009
89. Chronic pain management daily progress note by DO dated 6/10/2009-9/28/2009
90. Group note by PhD dated 6/10/2009
91. Group note by author unknown dated 6/9/2009
92. Psychotherapy note by MA, MEd. dated 6/9/2009
93. Patient activity flow sheet by author unknown dated 6/9/2009
94. History and Physical exam dated 6/1/2009
95. Independent medical examination by MD dated 6/1/2009
96. Daily rehabilitation worksheet by author unknown dated 6/9/2009
97. History and Physical note by DO dated 5/19/2009
98. Follow-up evaluation note by DO dated 5/7/2009
99. Follow-up evaluation note by MD dated 4/17/2009
100. Individual psychotherapy note by PhD dated 4/13/2009-5/11/2009
101. Recovery room notes by author unknown dated 4/9/2009
102. Letter of medical necessity by MD dated 4/9/2009
103. Procedure note by MD dated 4/9/2009
104. Follow-up evaluation note by MD dated 4/3/2009
105. Consultation note by DO dated 3/10/2009
106. Behavioral medicine evaluation note by MA dated 3/6/2009
107. Medical consultation note by MD dated 3/6/2009
108. MRI report of the Lumbar Spine without contrast by MD dated 1/26/2009
109. Follow-up evaluation note by DO dated 1/19/2009
110. Follow-up evaluation note by DC dated 12/8/2008
111. Follow-up evaluation note by DO dated 11/8/2008
112. Physical therapy progress note by Pt dated 10/1/2008-10/30/2008
113. Follow-up evaluation note by PT dated 8/28/2008
114. History & Physical note by DO dated 8/9/2008
115. Insurance verification form for worker's compensation dated 7/22/2008
116. Impairment rating examination by DC dated 5/25/2007
117. Follow-up evaluation note by Dr dated 2/13/2007
118. Initial chart note by DC dated 1/12/2007
119. Letter by DO, DC dated 10/14/2006
120. Clinical observation/comments by author unknown dated 5/22/2006
121. MRI Lumbar Spine W/O contrast enhancement by MD, DABR dated 3/30/2006
122. Report of medical examination by MD dated 2/16/2006
123. Review of medical history & physical exam by MD dated 2/16/2006
124. Follow-up evaluation note by MD dated 10/25/2005
125. Clinical note by MD dated 6/27/2005
126. Electro diagnostic study by MD dated 6/27/2005
127. Electrodiagnostic results by author unknown dated unknown Supplemental information by author unknown dated unknown
128. Consultation note by author unknown dated unknown Fax cover sheet dated unknown
129. Chronic pain management program design by author unknown dated unknown OSG-TWC ODG treatment integrated treatment / disability duration guidelines pain (Chronic) by author unknown dated author unknown
130. ODG-TWC ODG treatment integrated treatment/disability duration guidelines of Neck and Upper Back (Acute & Chronic) by author unknown dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Name: Patient_Name

The injured employee is a female injured xx/xx/xx when she fell out of a chair. Her diagnosis is a lumbar strain. She has had conservative treatment to include physical therapy, medication, psychotherapy and 20 visits of pain management. EMG from 8/09 documented no neuropathy. The request is for additional chronic pain management.

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

The injured employee is currently taking Motrin, Tylenol and topic analgesics. Her latest MRI does indicate degenerative facet hypertrophy contributing to spinal stenosis. She had two FCE's in the past year: 2/23/09 FCE indicated functioning at sedentary level. FCE on 9/21/09 indicates functioning at Moderate to Heavy Physical demand level. Thus there has been improvement in physical function level to a moderate to heavy demand level.

The medications she is taking are non narcotic, Tylenol and Motrin. There have been no notes or changes indicating new medications from pain management.

She has completed 20 full days of pain management, in June 2009 and September 2009.

There is no indication of additional need. The diagnosis is lumbar strain. There is no indication to repeat a similar rehabilitation program she has already completed.

There is no clinical indication to exceed the allotted 20 full days of pain management and the injured employee is more than 24 months from injury. This would not be supported by ODG criteria.

She has had several FCE's as far back as 2005-2006 indicating a function at the Medium level. She has had had copious amounts of treatment, psychotherapy, yoga and most recently had a significant improvement clinically from an ESI in 7/09. It has been documented for several years she is obese and this contributes to the overall back problems.

The recommendation is to uphold the denial of an additional 10 sessions of pain management.

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)

J Manipulative Physiol Ther. 2009 May;32(4):252-61.

Determinants of costs and pain improvement for medical and chiropractic care of low back pain.

Sharma R, Haas M, Stano M, Spegman A, Gehring R.

Manipulative Physiol Ther. 2001 Feb;24(2):92-100.

Patient characteristics and physicians' practice activities for patients with chronic low back pain: a practice-based study of primary care and chiropractic physicians.

Nyiendo J, Haas M, Goldberg B, Sexton G.

Eur Spine J. 2009 Jun 30. [Epub ahead of print]

Comparison of risk factors predicting return to work between patients with subacute and chronic non-specific low back pain: systematic review.

Heitz CA, Hilfiker R, Bachmann LM, Joronen H, Lorenz T, Uebelhart D, Klipstein A, Brunner F.

J Rehabil Med. 2009 Feb;41(3):115-21.

Multidisciplinary interventions: review of studies of return to work after rehabilitation for low back pain.

Name: Patient_Name

Norlund A, Ropponen A, Alexanderson K.