

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twenty sessions, nine hours per day of Chronic Pain Management Program

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 10/15/09, 11/5/09

MD, RN, FNP, 11/16/09, 10/5/09, 9/14/09,

6/8/09, 5/4/09, 4/6/09, 2/24/09, 1/26/09, 12/29/08, 12/1/08, 10/6/08

FCE, 10/29/09

MMPI-2-RF, 10/1/09

BAI, 10/1/09

Response from Carrier, 11/25/09

10/13/09

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured in xx/xx. She was a xxxx at that time. The records state she had 3 cervical fusions, with the last in 2007. She remains on Celebrex, Ultram, Lyrica, Robaxin and tizanidine. The diagnoses presented are cervical pain post surgery and radiculopathy. Dr. noted she had some suggestion of dystonia/torticollis and wanted to try Botox injection. There are a series of notes stating she had fibromyalgia. The botox injections were denied. There are psychological tests, but no formal psychological assessment was included in the medical records provided for this review. The progress notes state the patient had prior psychological assessment. The MMI showed somatization, interpersonal dysfunction, and some suicidal tendencies. An FCE was presented that showed her to be at the light PDL of function, less

than her prior job required. She demonstrated pain behaviors. Dr. noted some problems with fatigue and pain limiting ADLs with the notes for fibromyalgia. The patient is not on narcotics. Lyrica is the only controlled substance she is taking.

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

Prior reviewers have denied this patient's entrance into the pain program due to the length of time since the injury, the absence of an FCE, and the request for 20 days of treatment.

An FCE was presented that showed her to be at the light PDL of function, less than her prior job required.

However, the guidelines state that "treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains." The request for 20 days of treatment is twice that of what the guidelines initially allow.

In addition, the patient is now nearly xx years post-injury, although only xx years post her third surgery. The ODG requires a specific description of a program with stated goals for a program planned for a patient that has been disabled for more than 2 years. The guidelines state: "If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified." These outcomes have not been identified in the records provided for this review and thus, this criteria has not been met.

Finally, the predictors of success and failure as identified in the ODG have not been addressed in the records provided, including whether or not there is: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain.

The ODG criteria for CPMP has not been met for this patient. The reviewer finds that medical necessity does not exist at this time for Twenty sessions, nine hours per day of Chronic Pain Management Program.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)