

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

**DATE OF REVIEW: FEBRUARY 15, 2009**

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic Pain Management Program x 10 Additional Sessions.

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

M.D., Certified by the American Board of Psychiatry and Neurology  
Licensed by the Texas State Board of Medical Examiners

## **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 10 Additional Sessions.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 12/30/08, 1/16/09  
CPMP Preauth Request, 12/24/08  
Reconsideration, 1/12/09  
Components of Program and Design of Program  
Environmental Intervention, 12/30/08, 1/14/09  
FCE, 12/23/08  
DO, 8/19/08  
Behavioral Medicine Consultation, 5/8/08  
Center, 4/25/08  
Associates, 8/26/08  
ODG Guidelines and Treatment Guidelines

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured on xx/xx/xx when he slipped and fell causing a right rotator cuff tear and injury to his right knee and back. He received arthroplasty of his right knee and surgical repair of his rotator cuff. A repeat arthrogram revealed a tear but no further surgery was proposed. He developed a staph infection after surgery of his right knee that did resolve. He returned to work briefly in 2007 but this increased his pain. He underwent a lumbar fusion in 1/2007. As noted by Dr. on 8/19/2008, claimant continued to have pain in his back after standing for only three to four minutes. He had a psychological evaluation by, Ph.D. on 5/8/2008. She diagnosed adjustment disorder with mixed anxiety and depressed mood secondary to the work injury and recommended 6 sessions of psychotherapy and 4 sessions of biofeedback. He was later approved for 20 full day sessions in an interdisciplinary pain management program, which he completed on 12/23/2008. Dr. has requested an additional 10 sessions of this program to fully complete the claimant's recovery. On page 5 of her request for the additional sessions dated 12/24/2008, she lists claimant's current functioning and goals: current walking 1 hour, goal 1 ½ hours; standing 30-45 minutes, goal 90 minutes; sitting 1 hour, goal 2 hours; lifting and carrying 30-40 pounds, goal 40-50 pounds; hygiene independent, goal independent; cleaning/yard work needs help mowing/edging yard and planting/pruning, goal independent; home exercises stretching for 5-10 minutes, walking 15-20 minutes, goal walking 60 minutes, cardio 30 minutes. The insurance reviewer has denied the 10 extra sessions citing ODG guidelines that "treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved...At this point, the patient should be able to continue the rehabilitation program and application of pain management skills independently, without regular professional supervision."

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

Dr. chart of progress shows the patient to have made tremendous improvement with the 20 day program, to the point of being able to walk 1 hour, stand 30-45 minutes and sit for one hour and be independent in hygiene. The patient has also demonstrated the ability to continue a home exercise program. The provider in this case has not provided a "clear rationale" for an additional 10 days of Chronic Pain Management Program. The request exceeds the recommendations in the ODG Guidelines. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 10 Additional Sessions.

### **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)