

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726
Fax: 512-519-7316

Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 3, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 10 Sessions

A 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 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)

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 exists for Chronic Pain Management Program x 10 Sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/10/08, 12/4/08
ODG Guidelines and Treatment Guidelines
, MD, 4/26/07, 5/10/07, 5/24/07, 6/22/07, 8/17/07, 7/20/07, 11/9/07, 2/22/08, 3/21/08,
4/18/08, 5/16/08, 7/11/08, 8/15/08, 9/12/08, 10/10/08, 10/24/08, 10/31/08, 11/7/08
, Progress Note, Week #3, Week #5, Week #4
, 11/4/08, 11/26/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old man who was injured on xx/xx/xx when insulation rolled on his posterior neck. He had a prior c3-6 anterior fusion in 2003 and reportedly was asymptomatic until the time of his new injury. He was described with right upper extremity weakness and paresthesias with hypesthesias in C5/6. His CT scan and MRI showed the prior anterior fusion. He had a disc bulge between C2/3 and C7/T1. There was facet arthropathy at C5/6. His EMG did not show any radiculopathy in 2007. He had no improvement with a cervical epidural injection and physical therapy.

He completed 10 sessions of a chronic pain program. One goal was to reduce his use of hydromorphone. Others were to reduce his anxiety, depression and improve his coping/management skills. He had some improvement in his strength, but not in stamina. Dr. wrote that there was "minimal improvement" in his functional status, although it was felt he was reaching a medium physical demand level. He had some improvement in his anxiety levels. Cymbalta was helping some. A decision regarding additional facet injections was pending. The testing showed some improvement of his Beck Depression level, but his Beck Anxiety Level reverted to its initial level. His sleep had improved some. Stamina was unchanged.

wrote 11/4/08 that he completed 20 sessions in the pain program. She felt that there was objective improvement to warrant an additional 10 sessions, totaling 30 sessions. She described his ongoing problems with pain management. She felt the additional treatment was necessary to address his depression and anxiety. She noted that he had not met his goal of activity greater than 20 minutes. Her second letter on 11/26/08 expressed on ongoing rationale that he needed to improve his cardiovascular status, and he had not met his goal or reduced narcotic use. She felt he was not at a plateau in his functional demand level.

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

The reviewer finds that medical necessity exists for this patient to participate in a pain management program greater than the ODG-established 20-session ceiling. A clear rationale has been provided for the additional sessions and the goals presented are reasonable. Most of the strength improvement in this patient occurred during week 4, the last week in the program. His stamina had not changed. The goals are reasonable and there is a rationale to continue the sessions for 2 additional weeks. The ODG Guidelines specify that it is permissible to extend the length of pain programs based on individual patient needs. "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 has met this criteria. The reviewer finds that medical necessity exists for Chronic Pain Management Program x 10 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)