

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

DATE OF REVIEW: July 13, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program, 5 times a week for 2 weeks, to include CPT code #97799.

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

General and Forensic Psychiatrist; Board Certified by the American Board of Psychiatry and Neurology

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)

PATIENT CLINICAL HISTORY:

The request for services is ten sessions of a chronic pain management program.

The patient injured her back in xx-xxxx. She subsequently had back surgery in 1999. She has had myocardial infarctions and three cardiac stents placed since that time. She has a history of major depressive disorder and anxiety and has been in treatment for many years, including individual counseling. She subsequently resumed taking narcotic pain medications. There has been mild escalation in those and a recommendation chronic pain management program was submitted.

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

Per ODG Guidelines criteria for the general use of multidisciplinary pain management programs, under #3, an adequate and thorough multidisciplinary evaluation has been made. This should include pertinent and validated diagnostic testing that addresses the following: A) Physical examination that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized, although the primary emphasis is on the work-related injury underlying nonwork-related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment. B) Evidence of a screening evaluation to be provided when addiction is present or strongly suspected. C) Psychological testing using a validated instrument to identify pertinent areas that needs to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills, and/or loss of control regarding pain and medical care), or diagnosis that would better be addressed using other treatment should be performed. D) An evaluation of social and vocational issues that require assessment. #6 - Once the evaluation is completed, a treatment plan should be presented with specifics of treatment of identified problems and outcomes that will be followed. #9 - 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 as there is conflicting evidence that chronic pain programs provide return to work beyond this period. These other desirable types of outcomes include decrease in post treatment care, including medications, injections, and surgery.

The initial evaluations for the chronic pain management program do not include coordination with a cardiologist. The functional capacity evaluation did not have validity measures. Whether the physical programming is appropriate for this patient with two myocardial infarctions and three stent placements has not been adequately addressed. There is no specific goal for physical rehabilitation presented. There has not been adequate screening for addiction given the history of a positive marijuana screen approximately a year prior to the most recent evaluation. There is no new toxicology screen submitted.

Therefore, in my opinion, the review outcome is upheld.

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)**