

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 Additional Days of Chronic Pain Management Program - Physical Medicine Procedure (97799)

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, 5/28/09, 6/11/09

Injury Clinic, 6/25/09, 5/22/09, 5/27/09, 6/8/09, 6/11/09, 5/13/09, 4/25/08

Interim PPE, 5/18/09

FAE, 7/18/08

DO, 1/15/09

MRI Knee, 6/10/08

PATIENT CLINICAL HISTORY SUMMARY

This xx-year-old was injured on xx/xx/xx when he was involved in an altercation with a juvenile in his work. He has had psychotherapy followed by 20 days of work hardening, completed in December 2008. Has also completed 20 sessions of a chronic pain management program. His functional level improved to a PDL medium heavy, but his job requires very heavy. He has ongoing irritability. Dr. noted that he "made good use of this service and has made significant gains with his active participation. In the program....Clearly, he has not plateaued." She noted that while he had improved, he had some ongoing irritability, frustration, pain and tension. She noted that he had failed "to achieve a 76%

reduction in any active symptoms.” The provider felt the additional 10 sessions of CPMP would provide stabilization of his symptoms.

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

This patient has completed 20 days in a work hardening program. He has also completed 20 days in a chronic pain management program. The request is for an additional 10 days of CPMP. The ODG states in the CPMP criteria that: “total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).”

The information submitted for this independent review did not provide an individualized care plan with the explanation why the prior program did not meet the goals after 20 sessions of pain program, 20 of work hardening and the initial 6 psychology sessions. The explanation provided is that without the program, he will not be able to return to his vocation. There is nothing provided that states he will be able to reach the PDL required for this job or for the military. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for 10 Additional Days of Chronic Pain Management Program - Physical Medicine Procedure (97799).

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)