



DATE OF REVIEW: 6/17/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799: Unlisted physical medicine/rehabilitation service or procedure (10 session chronic pain management program)

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from and completed training in Physical Med & Rehab at. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in.

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)

97799 Unlisted physical medicine/rehabilitation service or procedure (10 session chronic pain management program) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who presented with low back pain that radiates his lower extremities bilaterally, as well as knee pain, right elbow pain and numbness in the left hand and wrist. He has a date of injury of xx-xx-xx. He is noted to have undergone right knee surgery and cervical ESIs. He is currently taking Ultram.

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

The injured employee is a male who presented with low back pain that radiates his lower extremities bilaterally, as well as knee pain, right elbow pain and numbness in the left hand and wrist. He has a date of injury of xx-xx-xx. He is noted to have undergone left and right knee surgery and cervical ESIs. He is currently taking Ultram. He has not returned to work. A request for 10 sessions of a CPMP is under review after 2 recommendations for denial under peer review. It is noted from the available medical records that the patient did complete a full course of work hardening which concluded on 11/21/2008. MMI was assigned on 1/12/2009 with a 13% WPI. It is noted that additional studies and treatment have been requested in the form of additional MRIs of the knees and a lumbar ESI. Per the FCE on 11/17/2008 his work requirement is heavy PDL with functional level at medium PDL, low back pain questionnaire reveals severe disability. According to psych evaluation on 3/16/2009 pre work hardening BDI was 16 and BAI 22, post work hardening BDI was 14 and BAI 13.

The request for chronic pain management program is not considered medically necessary given the facts of the case and the Official Disability Guidelines. ODG does not recommend progressing from an intensive work hardening program to a similar chronic pain management program since the 2 programs utilize many of the same skilled therapies such as physical therapy, psychotherapy, biofeedback, etc for the patient. ODG states that the similar treatments are considered repetitive in nature and therefore not medically necessary as in this case. The previous denial 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
X 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)