

US Decisions Inc.

An Independent Review Organization
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DATE OF REVIEW:

Jun/19/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

20 sessions of chronic pain management

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

Determination Letters, undated, 5/27/09

MD, 6/8/09, 5/12/09, 5/4/09

M.Ed., LPC, 4/30/09

Return to Work Form

Cervical Spine, 6/25/08

DC, 7/14/08, 7/24/08

Cervical MRI w/3D, 7/18/08

MD, 7/29/08

PATIENT CLINICAL HISTORY SUMMARY

This man reportedly injured his shoulder and neck on xx-xx-xx. An MRI showed a 3mm C4/5 and 4mm C5/6 disc herniation. An EMG done on 8/20/08 showed spontaneous activity in the right deltoid, but none in the paraspinal muscles. This was considered a right C6 radiculopathy. He has pain in the neck and both upper extremities, but more on the right. He did not improve with combined chiropractic and physical therapy. There was no specific neurological loss. He underwent two cervical epidural injections on 10/28/08 and 3/3/09, each with about 50% relief. A third was requested in the last note from Dr. in March. He had therapy after the epidural injections. He remains on hydrocodone for the pain. He was noted as having depression and anxiety and is on Cymbalta. He had been terminated from his job. There is a request for 20 sessions in a pain program. He had been in a motor vehicle accident 13 years earlier. He recovered from the neck pain at that time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

As per the ODG, chronic pain programs are designed to bring about: “decreased pain and medication use, improved function and return to work, (and) decreased utilization of the health care system.” In this particular case, there are several negative predictors that have not been addressed as required by the guidelines. These include problems with the claimant’s employer and supervisor, and a negative outlook for future employment. He was terminated from his job. As per the guidelines, a CPMP is recommended after other options have been exhausted. Records suggest a third ESI is/was under consideration in this patient’s case. In addition, this request for 20 sessions of a pain program exceeds the number of sessions recommended in the guidelines. The ODG clearly states that 10 sessions can be initiated, if approved, and later extended to 20 sessions, after “evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains.” The guidelines have not been met. The reviewer finds that 20 sessions of chronic pain management is not medically necessary.

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)