

**US Resolutions Inc.**  
An Independent Review Organization  
71 Court Street  
Belfast, ME 04915  
Phone: (512) 782-4560  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

**DATE OF REVIEW:**

Jun/26/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Pain Management Program x 160 hours (97799)

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

Chiropractor

Thirteen (13) years clinical experience

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

This patient was injured on xx-xx-xx when a coworker lost his balance and accidentally pushed him, causing him to lose his balance and catch himself with his right wrist. He stated that his whole body weight was stopped by his right wrist. He also injured his knee at that time. He has had surgery to the right wrist and to the left knee. He has had post-operative physical therapy for both the knee and for the wrist. The claimant had a psychological assessment; testing showed severe anxiety and depression. There is a request for Chronic Pain Management Program x 160 hours.

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

The reviewer finds that chronic pain management x 160 hours is not reasonable or medically necessary as per the ODG Guidelines and Treatment Guidelines. According to the records provided, the injury took place almost 2 years prior to the recommendation of this service.

There were no outcome assessments provided in the records to show medical necessity or to show probability of a positive outcome for the disputed service. In addition, the request for 160 hours of the program exceeds the number of sessions recommended in the guidelines. The guidelines state that "treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains." The patient has not met the ODG criteria for outpatient pain rehabilitation program. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 160 hours (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)