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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management x 80 hours

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

M.D., Board Certified Orthopedic Surgeon

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

Job Description

URA Review Determination Letters, 09/04/09 and 10/06/09

Rehabilitation Request for Appeal, 9/24/09

Work Hardening Records, 8/10/09-9/8/09 (Weeks 1-5)

Designated Doctor Evaluation, MD, 08/20/09

Office notes from Dr. 12/2/08-7/20/09

MD, unknown date

PPE, unknown date

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a reported injury on xx/xx/xx. The claimant treated for cervical, lumbar, bilateral shoulder and left hip complaints. A job description provided indicated the need to secure cargo using tarps, ropes, chains and binders; drive, maneuver and inspect trucks; transport dangerous cargo; and use tools, hoists, plow attachments, booms, hitches, wheel loader and trailers. A separate reference was made to a medium physical demand level. Reference was made to use of physical therapy, Flexeril, Motrin and weaning from narcotic analgesia. Reference was made to MRI evaluations on 12/02/08 of left shoulder with complex tear of the anterior glenoid labrum with possible mechanical impingement; cervical spine posterior disc protrusions at C5-6 and C6-7 with mild indentation of the cord; and lumbar L3-4 and L4-5 disc bulges with facet hypertrophy and L5-S1 disc protrusion with mild

indentation of the thecal sac. MRI evaluation of the right shoulder on 02/13/09 noted partial thickness supraspinatus tendon tear. The claimant underwent left shoulder arthroscopy on 03/06/09. The claimant has been diagnosed with cervical stenosis with radiculopathy, L3-5 facet syndrome, sacroiliitis, brachial neuritis, cervical herniation, hip sprain, contusions and other soft tissue disorders. Reference was also made to diagnoses of depression and anxiety. A physical examination from an unknown date demonstrated cervical tenderness and severe spasm; left hip hypertonicity and trigger points; left shoulder hypertonicity, severe tenderness, moderate adhesions, trigger points and mild instability; and right shoulder mild edema, hypertonicity, minor tenderness and adhesions.

The claimant attended five weeks of a work hardening program beginning 08/10/09. The claimant underwent a designated doctor's evaluation on 08/20/09 and was not considered to be at maximum medical improvement with recommendation for right shoulder cortisone injection and myofascial release of the neck and upper back. Upon completion of five weeks of the work hardening program, reference was made to excellent progress in both physical and psychological function. However, it was also noted the claimant no longer had a job to return to; was unable to return to his medium level position; had continued deficits in activity and cardiovascular tolerance; required vocational counseling and would benefit from group as well as individual behavioral counseling. Recommendation was made for transition to a multidisciplinary chronic pain management program for 80 hours.

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

The claimant does not meet ODG criteria for a chronic pain management program for eighty hours. It appears that he has no job to work in any longer. He has already participated in a work hardening program over a five week period of time. The medical records do not clearly reflect any particular benefit from this program. Given his failure of previous conservative care to date, and based on the records reviewed, and the ODG criteria, a pain management program is not indicated and medically appropriate. The reviewer finds that medical necessity does not exist for Chronic Pain Management x 80 hours.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 Updates.

Criteria for the general use of multidisciplinary pain management programs

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met

(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed

- Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program.

- Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

- Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions). Excess of 20 sessions requires a clear rationale and reasonable goals.

Criteria for admission to a Work Hardening Program

- (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA)
- (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning
- (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function
- (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week
- (5) A defined return to work goal agreed to by the employer & employee
 - (a) A documented specific job to return to with job demands that exceed abilities, Or
 - (b) Documented on-the-job training
- (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program
- (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit
- (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less
- (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities
- (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

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)