

Notice of Independent Review Decision

DATE OF REVIEW: 11/2/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of Chronic Pain Management Program

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. 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 TX.

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)

10 sessions of Chronic Pain Management Program Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile cover sheet dated 10/13/2009
2. Notice dated 10/13/2009
3. Confirmation of receipt of a request for a review by an independent review organization (IRO) dated 10/12/2009
4. Letter by LVN dated 9/28/2009
5. Request for a review by an independent review organization by dated 10/9/2009
6. Letter by MD dated 8/21/2009

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The patient is a female who fell off a ladder on xx/xx/xx and injured multiple body parts. The patient has completed a 20 session chronic pain management program in 2006. Functional capacity evaluation in 6/2009 reveals a sedentary physical demand level. She was not able to complete all test activities but reliable effort was documented. According to the office notes on 9/8/2009 and 9/21/2009 the patient is complaining of neck, right shoulder, left ankle and left foot pain, constipation, depression. Pain scores are rated 9-10/10 without medications of 7-8/10 with medications. The patient reports significant affect on quality of life and activities of daily living. Treatments include left ankle surgery in 2005 and right shoulder surgeries, lumbar epidural steroid injections. Testing has included EMG/NCV of both upper and lower extremities which were essentially normal, MRIs have been done. Shoulder showed chronic tendonitis with no tears. Left foot showed ankle joint effusion, fluid and edema at the sinus tarsi. Cervical revealed spondylosis. Lumbar spine revealed L5-S1 disc herniation and L4-5 bulge. Right ankle

Name: Patient_Name

revealed edema at the distal Achilles and ankle joint effusion. Left ankle was normal. Lumbar CT/discogram revealed concordant pain at L5-S1. Current medications include Cymbalta, Nexium, Arthrotec, and Lidoderm. Patient has been prescribed home exercises and modified duty. Patient diagnoses are ankle joint pain, chronic pain syndrome, lumbar neuritis and depression. Designated doctor psychiatric examination on 7/7/2009 diagnosed major depression. On 4/2/2009 chronic pain program is recommended by Dr.

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

Ten sessions of chronic pain management program are not medically necessary for the patient. The patient does not meet ODG criteria for enrollment into a chronic pain management program for several reasons. First, there is no multidisciplinary evaluation available for review with stated goals for the patient's expected outcome. Second, based on the patient's duration of pre-treatment disability, the patient has a strong negative predictor for efficacy of treatment and completion of the program. Furthermore, ODG also states, "Negative predictors of success should be identified, and if present, the pre-program goals should indicate how these will be addressed." There are no treatment goals provided for review with respect to the patient's length of pre-program disability. Lastly, ODG also specifically recommends that, "At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program medically warranted for the same condition or injury." The patient has been treated with a chronic pain previously with unknown response to the treatment and unknown goals for a repeat program. Based on ODG recommendations, re-enrollment is not recommended. Recommendation is that prior denials be 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
- 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)

ODG-TWC
ODG Treatment
Integrated Treatment/Disability Duration Guidelines
Pain (Chronic)