



REVIEWER'S REPORT

DATE OF REVIEW: 09/10/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten days of a behavioral pain management program.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been demonstrated for an additional ten days of a behavioral pain management program.

INFORMATION PROVIDED FOR REVIEW:

1. Referral
2. URA denials, 7-17 to 8-14-2009
3. , FCE, 7-14-09
4. PPE, 7-2-09
5. , Request for CPMP, 7-14-09
6. , DO, office notes, 4-20-09
7. , 10-3-08, Bilateral Knee X-Rays.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a knee injury on xx/xx/xx. After failure of conservative care, the claimant underwent arthroscopy. Other treatment modalities include medications, individual psychotherapy, and a 20-day behavioral pain management program. He has achieved modest goals in this program.

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

The ODG Guidelines stipulate that treatment duration for a behavioral pain management program should generally not exceed twenty days. Additional treatment requires individual care plans explaining why additional sessions are needed and a clear rationale with an individualized care plan with specific goals. This criteria has not been met. There is inadequate justification for an additional ten days of a behavioral pain management program. Individuals should be able to transition to a home-based self-directed program.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)