US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program 80 hours 97799

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:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Notices of Determination, 12/14/09, 1/27/10
Healthcare Systems 7/16/09, 7/14/09
Clinic 11/9/09, 11/30/09
Work Hardening Treatment Plan 10/30/09
Rehab Center 12/9/09, 7/23/09, 1/2/09
Imaging 6/19/09
10/29/09

PATIENT CLINICAL HISTORY SUMMARY
This is a right-handed man injured on xx/xx/xx while lifting wood. The MRI showed evidence of right lateral epicondylitis. The patient improved after 20 sessions of Work Hardening. According to PPE dated 11/30/09, the patient's functional level improved to a Medium to Heavy PDL. His BAI and BDI fell to 0. There is a request for a chronic pain management program – stated reason is because he "continues to utilize narcotic medication to manage his symptoms with limited knowledge of how to manage symptoms through self-regulation techniques." A note dated December 2009 says the patient "is experiencing secondary deconditioning due to disuse."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The outcome of upper extremity pain programs is not validated per the ODG: "There are limited studies about the efficacy of chronic pain programs for neck, shoulder, or upper extremity musculoskeletal disorders. (Karjalainen, 2003)." Ms. states in a note that the patient

is deconditioned. However, FCE documented his being able to perform at a medium to heavy PDL after his successful completion of a work hardening program. In almost all instances the work hardening section of ODG precludes a pain program after completion of Work Hardening program. The pain section of ODG excludes a pain program after work hardening unless a detox program is necessary. The ODG recommends follow up programs that address drug addiction. There is no evidence in the records provided of substance abuse. The patient uses pain medication, but there was no report of addiction. For these reasons, and based upon the ODG, the reviewer finds that medical necessity does not exist for Chronic Pain Management Program 80 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)