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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of chronic pain management program

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
Board Certified in Electrodiagnostic Medicine

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

10/11/10, 11/1/10
10/8/10. 10/29/10
Rehab Center 9/28/10 to 10/20/10
Advantage 12/16/09 to 9/22/10
Surgicare 10/6/08
Medication Contract 9/8/10
Health Care Systems 9/8/10
Notes 4/3/06, 9/12/08
M.D. no date
Orthopaedics 2/22/06 to 9/8/06
Back Index 10/22/07
Workers Comp Encounter form 2/2/06, 7/27/06
Hand and Wrist Center 1/26/06
Performance Sports Medicine 2/6/08, 10/15/07
, MD 3/14/06, 8/31/06
Neurology, PA 5/19/06
Physical medicine case history 9/6/09
Peer Review 10/9/09
9/14/09, 10/26/09
Diagnosis 6/15/09
MCN 8/26/10
Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a xxx who had a powered wheelchair run over her right hand on xx/xx/xx with a fracture to the ring finger. She reported developed right hand pain. A diagnosis of CTS was made and she had an endoscopic release on 10/6/08. She was seen in 1/08 by Dr., a hand surgeon, who did not feel she had CTS. Her hand continued to hurt. A repeat of the electrodiagnostic studies (6/09) again showed evidence of CTS based upon the prolonged median latencies. The MRI in 09/09 showed some arthritic subcortical carpal cysts.

A repeat MRI a month later showed some mild bowing of the flexor retinaculum and swelling of the median nerve. She had a diagnosis of possible RSD and a stellate block was performed in 3/09 and apparently did not help. Dr. has continued her pain medications. She continues with reduced motion, some weakness and some reduced sensation in the right hand. There was not a description of any hyperpathia or allodynia. Dr. and Dr. feel there are no further treatment options beyond the pain clinic. She is on medications including hydrocodone for her pain.

The records have several comments over the years about her having problems with coping skills, dealing with negative emotions, and distorted beliefs about her pain and disability. She had counseling sessions in April and May where she reportedly had a favorable response. Her psychological assessment in May showed her to be anxious and depressed. Dr. (undated) noted a suboptimal participation in an FCE in the past.

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

This claimant apparently has a significant amount of psychological issues that Dr. wishes to address. The argument of the etiology or existence of CTS or RSD is not under consideration. She reflects some of the negative prognostic factors including potential for work and satisfaction.

One criteria in question has been the “ideal timing of when to initiate treatment.” A common thread in the ODG is the duration of disability. The 24 month “cut off” exists, however the ODG recognizes some exceptions. It is nearly 5 years since the injury. Dr. discounts this stating that the claimant needed to have all the other treatments and interventions completed first. He wrote that “As a primary focus of a CPMP is to transition the patient’s thinking from a biological cure to self management of pain complaints, it would be ineffective to attempt such a program within a 24 month time period, when the patients (sic) focus is on invasive surgical procedures that could eliminate her pain complaints.” This is his justification for a late program.

Yet, the ODG would have permitted inclusion 2 years ago for criteria (4) (If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits (80 hours) may be implemented to assess whether surgery may be avoided.) “

Criteria 9 would allow treatment at this late date. (9) If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. These other desirable types of outcomes include decreasing post-treatment care including medications, injections and surgery. This cautionary statement should not preclude patients off work for over two years from being admitted to a multidisciplinary pain management program with demonstrated positive outcomes in this population. No “demonstrated positive outcomes in this population” were provided.

The required information for a variance from the ODG protocol was not provided. Therefore, the reviewer finds that medical necessity does not exist for 10 sessions of chronic pain management program.

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)