

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: December 4, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 97799 Chronic Pain Management Program 5xwk x2wks

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/15/10, 10/29/10

4/22/10 to 11/18/10

Treatment Clinic 3/14/10 to 9/10/10

3/15/10

Bte Technologies 3/19/10 to 8/18/10

Imaging 3/19/10 to 3/25/10

M.D., F.A.C.S. 3/30/10 to 10/11/10

M.D. 5/4/10 to 7/20/10

Services Corporation 3/14/10

Orthopaedic Surgery 5/27/10

Surgical Center 6/3/10

Neurosurgical Specialists 7/20/10

ODG-TWC Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a man reportedly injured on xx/xx/xx when lifting 50 pound boxes at work. He had been working for 6 years at the job at the time of the injury. He developed right low back pain that went to the right lower extremity. An MRI, done on 3/25/10 (11 days post injury) showed several small disc herniations and L1/2 and L2/3 and a left foraminal herniation at L4/5 and right foraminal herniation at L5/S1 with mild facet arthropathy. An EMG on 5/27/10 confirmed the presence of a radiculopathy. Dr. (3/30/10) advised immediate right L5/S1 and

possible L4/5 surgery (laminectomy). The patient did not want surgery. A second opinion by Dr. supported a trial of non-operative management with therapy, chiropractic care and epidural injections. Dr. performed this on 6/5/10 at L4/5. He apparently had some improvement for a while as there are several notes that cited he wanted this repeated. Dr. noted on 8/5/10 the patient had good response with the ESI, but cited he was "totally disabled." He had a psychological assessment by Ms. on 4/22/10. He was found to have problems with coping, but his BAI was 2 and BDI was 7. He had a series of PT sessions and chiropractic care. He had 10 sessions of work conditioning (completed 8/16/10) combined with 6 sessions of individual psychotherapy in August 2010.

His BDI at the initial session was 25 and improved to 24. The BAI was initially 22 and worsened to 24 with treatment. Dr. has recommended that the patient take part in a pain program as he has failed all lower levels of care. Dr. noted that he had ongoing problems with depression, anxiety and pain. He had poor coping skills. He has problems "being motivated to perform the necessary actions for a successful recovery." He reported feeling melancholic and worthless and not able to work. Yet, the interviewers noted that he is motivated to improve. He is taking English lessons to improve his language skills. He reportedly is active for 4 hours a day now.

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

There is no challenge for the presence of a radiculopathy and chronic pain. Dr. appealed the initial denials noting how this man met the requirements for a chronic pain program. He has failed other treatment options, and there is little left to offer. Dr., however, did not choose to comment about the prior work conditioning. Criteria 21 states "(21) Repetition: Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. " While this is a concern for entrance into the pain program, the Official Disability Guidelines also say "prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated."

He is currently 9 months post-injury. There is no evidence of improvement even with the prior Work Conditioning and psychological support. The ODG recognizes the role for "early" intervention. The patient does not want surgery according to the notes.

While there are several conflicting points, most of the information provided supports this patient being admitted to a pain program. The concurrent reports from Ms also give the impression that the patient would benefit from the program. Weighing all factors, the reviewer finds there is medical necessity for 97799 Chronic Pain Management Program 5xwk x2wks.

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)