Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/12/2010

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
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG-TWC Treatment Guidelines
10/19/10, 11/10/10
Behavioral Health Associates, Inc. 2/23/10-10/19/10
Chiropractic Services & Rehabilitation 7/14/09-9/28/10
BHI2 9/14/10
Progress Note 10/1/10
CPMP 10/14/10
Premier Health and Occupational 2/25/10
M.D., P.A. 9/23/09-9/14/10
Diagnostic 8/7/09

PATIENT CLINICAL HISTORY SUMMARY
This is a woman reportedly injured on xx/xx/xx when lifting cartons of bleach. She developed neck pain and left shoulder pain. She apparently had abnormal EMGs. Her shoulder studies showed mild supraspinatous tendinosis and ac arthritis. Her cervical MRI showed posterior disc protruisions at C5/6 and C6/7 with lesser ones at C2/3 and C4/5. There is narrowing of the cervical canal at C5/6. Dr. advised a fusion following failed therapy and reportedly ESIs. She has ongoing pain. Dr. noted there is evidence of reduced sensation in the left C6/7 dermatomes and reduced left upper extremity reflexes. The cervical surgery was not approved. There is a note from a prior reviewer that the cervical problem was not determined

to be work related. She had a lot of PT and psychology. Ms. noted that her BDI and BAI scores fell 20 points after the session. Dr. wrote that a pain program “will continue to build strength and reduce fear of tasks that might exacerbate her symptoms along with helping overcome with any psychological issues.”
There is a hand written note of 10/1/10 (I am not sure from whom) while on Pristiq, that she had excellent response. Currently in full remission.”

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
This patient has chronic shoulder and neck pain persisting beyond three months with evidence of fear-avoidance of physical activity due to pain, failure to restore pre-injury function, and continued use of prescription pain medication. She is unemployed and functioning at a light PDL. Previous methods of treating her pain have been unsuccessful.

The records indicated there is no surgery to be performed and there is an absence of other options. The records contain an “adequate and thorough multidisciplinary evaluation” as per the ODG criteria, as well as a treatment plan and outcomes that will be followed. There are no negative predictors apparent in the records presented. The patient has made some gains with psychological intervention. Her injury occurred within the last 24 months.

After reviewing the clinical records and the ODG criteria for entry into a Chronic Pain Management Program, it appears this patient meets all the requirements. The reviewer finds that there is medical necessity in this patient’s case 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

[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)