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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 10 Final Days outpatient

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified in Physical Medicine and Rehabilitation

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 12/7/09, 1/4/10
Injury , 11/30/09, 12/4/09, 12/29/09, 7/7/09
Dr. D.C. 12/1/09, 11/23/09
D.O. 7/25/09
Capacity Evaluation, 11/23/09
Imaging, 7/20/07
M.D., 10/3/07

PATIENT CLINICAL HISTORY SUMMARY

This is a woman with a date of injury of xx/xx/xx. There was a lumbar spine injury and conservative care. Included in this history is a suicide attempt. Hospitalization was required. After discharge for this event, psychiatric clearance was given for participation in a chronic pain program. It was reported that 20 sessions had been completed. The injured worker continued to be on multiple medications with very little improvement outlined. On November 30, 2009 a summary of the progress made in the first 20 days of the program was presented. After the first 20 days, marginal results were noted. The injured worker noted no change in the levels of forgetfulness and poor concentration. The Oswestry went from a baseline of 52% to 42% after 17 days. The provider felt that these changes warranted an additional 10 days of CPMP.

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

As noted in the ODG, a chronic pain program is "Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered

components of the patient's pain. Patients should show evidence of motivation to improve and return to work, and meet the patient selection criteria outlined below.”

However, in the criteria section, there is a specific requirement as to the length of such a program: “(12) Total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).”

The records provided did not include competent, objective and independently confirmable medical evidence that would support this request for care beyond what is recommended in ODG. The records show that the gains this person made in the first 20 days were minimal/marginal and ODG guidelines for continuation of the program have not been met. The reviewer finds that medical necessity does not exist for Chronic Pain Management 10 Final Days outpatient.

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)