

Notice of Independent Review Decision

DATE OF REVIEW: 12/21/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management 5xwk x 2wks (8hrs QD)

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in TX.

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)

Chronic Pain Management 5xwk x 2wks (8hrs QD) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile cover sheet dated 12/1/2009
2. Request for a review by an independent review organization by author unknown dated 11/25/2009
3. Adverse determination letter by DO dated 11/4/2009
4. Facsimile cover page dated 10/21/2009
5. Behavioral health assessment by PHD dated 10/19/2009
6. Adverse determination letter by MD dated 10/16/2009
7. Facsimile cover page dated 10/13/2009
8. Pre-authorization request letter by LCSW dated 10/12/2009
9. Weekly progress report by DO, EDD et. al dated 10/5/2009
10. Functional capacity evaluation report by Dr dated 8/19/2009
11. Fax cover sheet by author unknown dated unknown
12. Treatment plan by author unknown dated unknown
13. Company request for IRO form by author unknown dated unknown
14. Outcome of requested treatment by MD dated unknown
15. Facsimile cover sheet dated 12/8/2009
16. Letter by LCSW dated 12/8/2009
17. Weekly progress report by LCSW dated 10/12/2009-10/16/2009 multiple dates
18. Functional capacity evaluation note by Dr dated 8/19/2009
19. Behavioral health assessment by PhD dated 8/19/2009

Name: Patient_Name

- 20. Treatment plan by author unknown dated unknown
- 21. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is a male who injured his cervical and lumbar spine on xx/xx/xx by a fall. The injured employee has been treated with physical therapy, medications, epidural steroid injections and 160 hours of a chronic pain management program. According to pre-authorization request submitted on 10/12/2009, the injured employee is currently ambulatory without walker, lifting and carrying up to 30 pounds, reduced medication utilization, decreased anxiety and depression scores, and improved walking tolerance. His pain score is currently 7.5 versus 9/10 at initial evaluation. Compliance and participation in the program is noted to be good. The injured employee is contemplating certification for work in the computer field. The request is for an additional 80 hours of a chronic pain management program in addition to 160 hours of treatment received to date.

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

The injured employee has had 160 hours of chronic pain management program (CPMP) to date with improvement in overall physical and psychological functioning as noted. A request for 80 additional hours of treatment is requested noting that the injured employee started out at a very deconditioned state and required additional therapy for this reason to improve overall physical performance. According to ODG, "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). 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)." In this case, there is insufficient evidence to substantiate why the outcomes were not met with the standard 160 hours of treatment and why the injured employee needs an additional 80 hours of treatment. Specific care goals are not provided and documentation of improved outcomes from the facility in question is not provided regarding extension requests for CPMP programs beyond the usual 160 hours. Therefore, the recommendation is that prior denials be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)