



REVIEWER'S REPORT

DATE OF REVIEW: 01/05/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten days of a chronic pain management program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The medical necessity has not been demonstrated for the requested service.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. X-Changing URA, denial letters, 11/18/09 to 12/14/09
3. Surgery Center, Surgical Notes, 1/19/09
4. MRI, triphasic bone scan, 6/29/2009
5. MRI, MRI, 11/8/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has chronic pain in both upper extremities that is work related. She has had carpal tunnel surgery, first on the right and then on the left, and has persistent pain. There are signs suggesting a diagnosis of complex regional pain syndrome. There is significant loss of function of the upper extremities. Numerous modalities have been utilized in addition to surgery including physical therapy, psychological counseling, and medications.

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

The ODG criteria for chronic pain management program include number five, “The patient exhibits motivation to change and is willing to forego secondary gains including disability payments to affect this change.” This individual has a sixth grade education and has not responded to carpal tunnel release surgery. There is significant loss of function and no indication that the patient is willing to forego secondary gains. This criteria has not been met.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)