

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 Sessions

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 11/25/09, 12/9/09

Functional Capacity Eval. 12/21/09, 3/16/09

Post Operative ROM, 6/9/09

12/1/09, 11/18/09, 8/31/09

Preauthorization Intake Form, 11/20/09

Treatment Clinic, 3/19/09, 4/2/09, 4/1/09, 5/4/09, 3/19/09, 8/6/09, 7/8/09

MRI Right Knee, 3/24/09

MD, 4/17/09, 5/21/09, 5/29/09, 6/26/09, 10/23/09

Psychological Assessment, 6/8/09

PPE, 7/28/09

Evaluations, 11/4/09

xxxxx., 11/2/09

Records from xxxxx, 11/10/09-11/23/09

PATIENT CLINICAL HISTORY SUMMARY

This is a woman who injured her knee in a fall on xx/xx/xx. She was found to have meniscal injuries and ACL injury. She underwent arthroscopy, partial medial and lateral meniscectomy, chondroplasty, micro drilling and lateral release on 5/22/09. On 5/29/09 the patient's surgeon recommended post-operative PT and prescribed Celebrex. On 6/8/09, a recommendation of individual psychotherapy x 6 sessions was made. This request was denied by the insurance carrier. On 6/26/09, notes from Dr. state the patient reported "significant pain relief...she is very happy with the results of the surgery." No medications were prescribed. A note from xxxxx states that the patient underwent a PPE on 7/28/09 and was found to be "aerobically deconditioned and did not meet critical physical demands of her previous

position as a housekeeper at full capacity, which is classified as a Medium to Heavy PDL...She demonstrated the ability to perform under a Sedentary Light job demand level." On 8/7/09, a 2-week trial of work conditioning was requested. Ten sessions of work hardening were completed on 8/27/09. Notes from the final day of work hardening state the patient reported that the program "helped her a lot and she's happy with the results."

On 8/31/09, 10 sessions of CPMP were requested by xxxxx. In the request it is stated that the patient "continues suffering from problematic symptoms, disabilities and other negative issues resulting from her work-related injury." It is also stated that the patient is taking Vicodin and Ibuprofen with pain on a scale of 5 out of 10, and difficulty sleeping. An FCE dated 9/3/09 showed the patient had reached a heavy PDL level.

An initial 10 sessions of CPMP were denied, then approved in an IRO review dated 11/2/09. A letter of Medical Necessity from Dr. xxxxx, DC, states he had concerns about the apparent levels of depression and anxiety present and lack of effective coping strategies. Injections were recommended by Dr. on 10/23/09.

On 11/4/09, a DDE found the patient had not met MMI. An FCE performed 11/9/09 indicated the patient could work in a Light PDL.

On 11/10/09 the patient began a chronic pain management program and completed 10 sessions. On 11/23/09, she reported a pain level of 4, down from 5 at the beginning of the program. Notes from that date state she "verbalized the tremendous changes that have taken place in her life." It was also noted that the patient "was able to relax faster than before, good progress." Dr. gave the patient an injection on 12/18/09 and another on 1/8/10.

On 12/21/09, an FCE was completed that once again showed "apparent level of depression and anxiety" and "lack of effective coping strategies." The findings from the FCE state she could perform under Light Capacity, and was unable to stand for prolonged periods of time, walk, climb or kneel.

An additional 10 sessions of CPMP have been requested to "focus specifically on helping this patient internalize new coping skills, along with cognitive behavioral changes in perception of pain and healing that will carry her outside of the program and back into the outside world of work."

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

The patient has completed 10 sessions of work hardening and 10 sessions of CPMP. It is unclear from the records provided for this review why the patient regressed from a Heavy PDL to a Light PDL after completion of the CPMP. Before completing 10 sessions of work hardening and 10 sessions of CPMP, a psychological evaluation indicated the patient was experiencing minimal depressive symptoms and mild symptoms of anxiety. On 12/21/09, an FCE was completed that showed "apparent level of depression and anxiety" and "lack of effective coping strategies." The records are unclear as to whether or not the patient has actually reduced her pain medications. The note requesting an extension of the program states the patient has made improvement, but this is not evident in the records made available for this review. The ODG states that treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The records do not reflect that this criteria has been satisfied in this patient's case. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 10 sessions.

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 KNOWLEDGBASE

[] 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)**