

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799 Initial Chronic Pain Management Program x 10 Days

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

Adverse Determination Notices, 11/18/09, 10/22/09

10/15/09, 11/12/09, 2/25/09, 6/2/09, 6/9/09, 9/28/09

Environmental Intervention 11/17/09

D.O. 10/9/09, 10/12/09, 6/1/09, 8/11/09, 8/27/09,

9/8/09, 10/9/09, 11/9/09

Functional Capacity Evaluations, 10/8/09, 8/26/09

Detailed Narrative Report 10/8/09

Psychological Testing Results 3/20/09

Imaging 10/16/09

M.D. 6/3/09

D.O. 6/4/09

Supplemental Report of Injury 8/10/09

Exit Interview 8/6/09

Work Status Report 8/11/09, 9/8/09, 10/5/09

Work Hardening Program 9/28/09, 9/29/09, 9/30/09, 10/1/09, 10/5/09, 10/6/09,
10/7/09

Interdisciplinary Program 10/5/09

ODG, Criteria for the general use of multidisciplinary pain management programs

PATIENT CLINICAL HISTORY SUMMARY

This male has an injury date of x/xx/xx. He developed back pain. The MRI report showed a congenital abnormality plus a large L5/S1 disc bulge, but no frank herniation. There was an EMG done, with notes stating it was normal. However, one note said it was abnormal. The patient was felt not to be a candidate for surgery. He had the maximum permitted PT and psychology followed by 10 sessions of Work Hardening. He demonstrated few physical gains, but there were some psychological gains according to the records. Different notes described different levels of anxiety and depression. Mr. summarized a normal BDI score and a low BAI score. He had evidence of fear avoidance. His Oswestry score documented severe perceived dysfunction. He had a light to medium score on his FCE. His job required a very heavy PDL. He is on several medications including propoxyphene and Lyrica. These are controlled substances, but the latter is not an opioid.

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

Mr. has argued in his appeal letter that there are no other avenues of treatment available for this patient and that there are no contraindications for a pain program. He also states that the failure of the Work Hardening program is proof of the need for the pain program. While the ODG states that there are limited reasons to go from Work Hardening to a Pain Program, the ODG does permit the pain program after Work Hardening when "otherwise indicated." The patient meets the criteria for the general use of a multidisciplinary pain management program as described by ODG:

"The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (a) Excessive dependence on health-care providers, spouse, or family; (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function."

The exclusionary criteria are generally not applicable in this case, such as psychiatric issues, substance abuse, etc. Therefore, this patient would appear to be a candidate for the program under the guidelines. The reviewer finds that medical necessity exists for 97799 Initial Chronic Pain Management Program x 10 Days.

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)