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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799 Chronic Pain Management Program 5xwk x2wks 80 Hours

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

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured in her job as a xxxxxx in xxxx on xx/xx/xx. Reportedly, she was struck in the back by xxxx. She was seen by several doctors including a neurosurgeon. No neurological loss was found. She had an MRI that showed a disc bulge at L5/S1 without nerve root compromise. She had ongoing back pain and left lower extremity pain that generally remained at a level of 8. She was found to be at MMI in 8/08 without any measurable impairment. She had ongoing pain. She had physical therapy and at least 15 sessions of work conditioning in the summer of 2008. Her most recent FCE in 3/10 showed her to be at a sedentary PDL and her job demands up to a medium level. Dr. noted her BDI improved from a 21 to 14, and her BAI from 13 to 10. In Dr. assessment in 5/08, he noted her BDI was 17 and her BAI was 9, both mild. She had worsened with the treatment and then improved.

Dr. argued in his request that she "completed psychotherapy, unfortunately, patient was noted making minimum progress, due on large part to poor coping skills, anxiety, depression and pain complaints." Further, she "requires an intensive outpatient day chronic pain program to assist in overcoming the fears, feelings and thought processes in her daily life since her injury...Unfortunately, this limited amount of therapy was insufficient to meet the patient's need...coping skills were improving, they were still weak due to patient being easily discouraged and too emotionally unstable to be consistent to follow through with treatment program." He elaborated on her psychological issues.

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

The patient has chronic pain. She has made limited improvement over time. She has been in a work conditioning program. The ODG, in the work hardening and conditioning section states: " Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury." It is similar in the pain section, "(13) At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from."

While the ODG does state that "prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated," my review of the records provided did not demonstrate that there is medical necessity to meet this "otherwise indicated" criteria.

Further, the ODG has some concerns over programs offered 2 or more years from an injury. The patient was injured more than 2 years ago. The reviewer finds that medical necessity does not exist for 97799 Chronic Pain Management Program 5xwk x2wks 80 Hours.

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)