

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/11/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Pain Management x 10 sessions (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**

Adverse Determination Letters, 5/10/10, 5/18/10  
OccuCare, 5/10/10, 5/6/10  
Behavioral & Mental Health Chronic Pain Management Evaluation, 5/7/10  
Treatment Goals, 5/7/10  
Dr. DO, 5/7/10  
Medical, 3/24/10  
Preauthorization Request, 5/18/10  
Medical Institute, 5/18/10  
Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition; p. 319-320  
ODG, Pain

**PATIENT CLINICAL HISTORY SUMMARY**

This injured employee is a male. He was injured on xx/xx/xx when he was hit by a rock. There was an injury to his neck and shoulder treated conservatively. There were also facial fractures and a closed head injury with reported radiculitis. He has decreased sensation in C5 to T1 of the right upper extremity without comment about of any motor loss or brachial plexus injury. He completed 10 sessions of a work hardening program prescribed by Dr. on 3/24/10, but reportedly did not improve (Dr. 5/7/10). Mr., his therapist, noted on 5/6/10 that he has completed 10 sessions of a pain program and needed an additional 10 sessions. Dr. found him to have significant anxiety issues (BAI 22) and minimal depression (BDI 10). He is on tramadol and carisprodol.

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

According to the ODG, the value of a chronic pain program for neck and shoulder problems is not clear. There was no explanation for the shoulder pain in the medical records. The ODG does not justify going from a work hardening program to a pain program. The exceptions to

this are related to drug detox. That does not appear to be an issue in this patient's case. The reason for the pain program appears to be that he did not improve with the work hardening program. That would imply that this is a stepping stone treatment approach that is prohibited in both the pain and work hardening sections of the ODG.

*“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. A chronic pain program should not be considered a “stepping stone” after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.”*

Based on the ODG and the records reviewed for this case, the reviewer finds that medical necessity does not exist for Chronic Pain Management x 10 sessions (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 -- Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition; p. 319-320.**