

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/11/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal 80 hours (10 sessions) Daily Chronic Pain Management Program

QUALIFICATIONS OF THE REVIEWER:

Physical Med & Rehab, 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)

Appeal 80 hours (10 sessions) Daily Chronic Pain Management Program Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax cover sheet by dated 2/26/2010
 2. Letter by MD dated 2/26/2010
 3. Appeal letter by MD dated 1/22/2010
 4. Request for treatment extension by, PSYD Lic dated 1/14/2010
 5. Progress summary note by, PSYD Lic dated 11/18/2009
 6. Concurrent report by LPC dated 9/30/2009
 7. Work capacity evaluation report by MD dated 8/14/2009
 8. Pre-authorization request by MD 7/27/2009
 9. Work hardening discharge report by DC dated 7/21/2009
 10. Mental health evaluation by MD, dated 7/21/2009
 11. Notice to utilization review agent of assignment of independent review organization by dated 2/19/2010
 12. Fax cover sheet by dated 2/19/2010
 13. Fax cover sheet by dated 2/18/2010
 14. Fax cover sheet by dated 2/17/2010
 15. Texas department of insurance – IRO request form by dated 2/17/2010
 16. Request for a review by an independent review form by author unknown dated 2/17/2010
 17. Fax cover sheet by Department dated 2/2/2010
 18. Reconsideration appeal of adverse determination by author unknown dated 2/1/2010
 19. Fax cover sheet by dated 1/22/2010
 20. Appeal request for reconsideration by MD dated 1/22/2010
 21. Utilization review determination by author unknown dated 1/20/2010
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22. Texas workers' compensation work status report by dated 1/15/2010 - 2/19/2010 multiple dates
23. Fax cover sheet by dated 1/15/2010
24. Consultation report by MD dated 1/15/2010
25. Fax cover sheet by dated 1/14/2010
26. clinic note by PsyD dated 1/14/2010
27. Fax cover sheet by dated 12/9/2009
28. Follow-up evaluation report by MD dated 12/8/2009
29. Progress summary report by PsyD dated 11/18/2009
30. EMS prescription & statement of medical necessity form by MD dated 9/30/2009
31. Concurrent report by LPC dated 9/30/2009
32. Appeal of adverse determination decision by author unknown dated 8/28/2009 - 12/14/2009 multiple dates
33. Work capacity evaluation report by author unknown dated 8/14/2009
34. Medical evaluation report by DO dated 8/4/2009
35. Pre-authorization initial request by MD dated 7/27/2009
36. Work hardening discharge report by DC dated 7/21/2009
37. Mental health evaluation report by LPC, MD dated 7/21/2009
38. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This male injured his shoulder on xx/xx/xx consisting of rotator cuff tear. He is status post repair and subsequent post operative PT, TENS therapy, medication, individualized psychological therapy and work hardening. The injured employee has been enrolled in a CPMP (chronic pain management program) for 20 sessions to date. A request for 10 session extension has been filed, denied twice and is up for subsequent appeal. Appeal rationale on 1/22/10 notes the goal of additional treatment is to extinguish the injured employee's regular use of medication, healthcare dependence and reduce depression and anxiety. Extenuating circumstances notes are his limited education and resultant vocational limitations, functional progress has not plateaued, decrease fear avoidance, need improvement in pain and stress management techniques and his risk of relapse. Medium PDL is functional goal. Pain scores have gone from 9/10 on 7/21/09 to 4-5/10 on 1/13/10. Beck depression and anxiety scores have gone from 22 and 15 to 16 and 18 respectively over the same period. The injured employee was in work hardening for 70 hours of 80 hours approved with excellent compliance and entrance PDL of medium. His goal was Heavy PDL but he was discharged because of exacerbation/plateau per note on 7/21/09.

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

There is a lack of compelling evidence to suggest that an additional 80 hours of a chronic pain management program (CPMP) is medically necessary for the injured employee. Per ODG, treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed). Regarding the program itself, the requesting facility does not offer any evidence regarding their success when CPMPs are extended beyond the usual 180 hours of treatment. Regarding the specific case, the injured employee has reached a functional plateau per the records. The stated functional goal of the injured employee is medium PDL. The injured employee was at medium PDL on 7/21/09 at the conclusion of the 70 hours of work hardening. The injured employee then regressed to a light-medium PDL per the FCE (functional capacity exam) on 8/14/09. After completion of 180 hours of the program it is unclear his current PDL status. The injured employee has now had 230 total hours of intensive multidisciplinary rehab of both work hardening and CPMP. Beck depression scale is marginally improved. Beck anxiety scale has regressed during treatment and cannot be expected to be "further lowered". Pain medication utilization has plateaued per the interval updates. Vocational goals are mentioned but are not practically addressed in the interval CPMP updates on 9/30/09, 11/18/09 and 1/14/10. Based on the demonstrated plateaus of both functional and psychological measures and lack of compelling rationale for or expectation of significant further improvement, the request is not medically necessary based on ODG criteria. Recommendation is to uphold prior denials.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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- 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)