

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 4/5/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

(7799 CPMP) Chronic Pain Management Program x10 days/sessions

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

(7799 CPMP) Chronic Pain Management Program x10 days/sessions Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Letter by dated 3/19/2010
 2. Fax cover sheet by dated 3/18/2010
 3. Letter by dated 3/18/2010
 4. Notice of assignment of independent review organization by dated 3/16/2010
 5. Facsimile cover sheet by dated 3/16/2010
 6. Notice to DBA of case assignment by dated 3/16/2010
 7. Letter by dated 3/16/2010
 8. Adverse determination after reconsideration notice – non network by PhD dated 3/10/2010
 9. Adverse determination after reconsideration notice – non network by DC dated 3/2/2010
 10. Letter by DC dated 2/19/2010
 11. Reconsideration of chronic pain management program pre-authorization request by DC dated 2/19/2010
 12. Reconsideration of request for 10 initial days of a chronic pain management program by MS, CRC and LPC dated 1/26/2010
 13. Adverse determination notice – non network by DC dated 1/29/2010
 14. Fax cover sheet by MD dated 1/26/2010
 15. Request for 10 initial days of a chronic pain management program by MS, CRC and LPC dated 1/26/2010
 16. Chronic pain management program pre-authorization request by DC dated 1/26/2010
 17. Psychological testing results by PsyD, and PhD dated 1/20/2010
 18. Patient information by DC dated 12/30/2009
 19. Evaluation report by DC dated 12/22/2009
 20. Clinical note by DO dated 12/22/2009
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21. Initial behavioral medicine consultation by MD dated 3/16/2009
22. Patient addendum by MD dated 3/16/2009
23. MRI of the right wrist by MD dated 3/9/2009
24. Chronic pain management interdisciplinary plan & goals of treatment by DC dated 12/19/2008
25. Interdisciplinary pain treatment components by author unknown dated unknown
26. Chronic pain management program design by author unknown dated unknown
27. CPMP day treatment design by author unknown dated unknown
28. Worker's compensation information/verification sheet by author unknown dated unknown
29. Worker's compensation demographic sheet by author unknown dated unknown
30. ODG-TWC integrated treatment/disability duration guidelines of forearm, wrist & hand (Acute & chronic) by author unknown dated unknown
31. ODG-TWC integrated treatment/disability duration guidelines of pain (chronic) by author unknown dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female with a date of injury (DOI) xx/xx/xx. She is a left hand dominant female whose job is classified as. She reported her injury occurred when she repeated opens several boxes a day. The injury was to her right hand. She was treated conservatively with meds, physical therapy (PT), and injections, but ultimately underwent a Dequervain's release in the spring of 2009. She has had extensive post op PT and even had 20 sessions of work hardening. In addition, she has had individual psychotherapy. There was maximal medical improvement (MMI) in 12/09 with 2% impairment. There are no recent diagnostic studies regarding the chronic thumb pain. She had an MRI 3/09 demonstrating moderate degenerative disease. She has had 12/09 PT evaluation/functional capacity evaluation (FCE) in which she was capable of light duty. She had psychological evaluation with depression and fear avoidance factors identified.

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

The request for chronic pain management program (CPMP) is considered not medically necessary.

To be admitted to a CPMP there needs to be demonstrated:

1. Excessive dependence on others. With the 12/09 PT evaluation, the injured employee is capable of light duty and thus should not be dependent on others for activities of daily living (ADLs) as purported by her treating clinicians.
2. There is secondary decondition. This injured employee has had copious amounts of PT and 20 sessions of work hardening. Any secondary decondition after this extensive rehab for DeQuervain's release is due to other reasons. She had extensive rehab and chances to improve conditioning.
3. Withdrawal from social activities. The injured employee had individual psychotherapy in addition to work hardening to address these issues.
5. Development of psychological sequelae. The psychological eval states she has severe depression, but scores on tests do not support this.
6. No personality disorder. This is questionable as this injured employee had a soft tissue injury to non dominant thumb and has had extensive rehab without ability to return to work. She had invalid MMPI2 profile which in references below is shown to be valid.
7. No pain meds. This injured employee has pain documented as 3/10. There is no need for a CPMP.

Most importantly, there is not adequate documentation of a treatable condition with the injured employee having no radiographic studies documented since 3/09. With degenerative joint disease, NSAIDs and possible bracing should allow the injured employee to return to work. Also, this is a non dominant thumb. The denial for a CPMP is upheld as supported by criteria above. The recommendation is to uphold the previous denial.

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
- 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)

Arch Phys Med Rehabil. 2009 Jul;90(7):1117-26. Prevalence of malingering in patients with chronic pain referred for psychologic evaluation in a medico-legal context. Greve KW, Ord JS, Bianchini KJ, Curtis KL.

Assessment. 2008 Dec;15(4):435-49. Epub 2008 Jun 6. Classification accuracy of MMPI-2 validity scales in the detection of pain-related malingering: a known-groups study. Bianchini KJ, Etherton JL, Greve KW, Heiny MT, Meyers JE.