

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/16/2010

**IRO CASE #:**

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

Chronic pain management 10 sessions chronic right hand pain, outpatient

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Orthopedic Surgeon

**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**

Official Disability Guidelines, Section: Pain

Mental Health Evaluation, 02/04/10

Pre-Authorization Request, 02/08/10

Authorization Request, 02/09/10, 03/03/10

xxxx, Notice of Denial of Pre-Authorization/Peer Review 02/12/10

Request of Reconsideration, 03/03/10

xxxxxx, Notice of Reconsideration, 03/09/10

Letter of Appeal, 04/05/10

**PATIENT CLINICAL HISTORY SUMMARY**

This -year-old female sustained a right wrist and hand crush injury with resulted tenosynovitis extensor pollicis brevis and abductor pollicis longus tendon with a non-displaced fracture with strain of triangular fibrocartilage complex (TFCC). She underwent a dorsal release with TFCC removal in 02/09. She treated conservatively for persistent pain with medications, physical therapy, injections and a brief course of individual psychotherapy. A mental health evaluation completed on 02/04/10 revealed a pain disorder associated with both psychological factors and a general medical condition with a major depressive disorder, moderate. In a letter of medical necessity dated 02/08/10, documented the claimant had chronic pain, functional

deficits and a clinical depressive reaction as a direct result of the compensable injury treated with Cymbalta and individual psychotherapy. He noted she lacked the pain and stress management skills necessary to function adequately in the presence of constant pain and was unable to bring her depression and anxiety to manageable levels. Participation in a chronic pain management program (CPMP) was prescribed. In a letter of appeal dated 04/05/10, noted the claimant had exhausted other lower levels of treatment intervention and needed alternative methods of controlling her pain and diminish her dependence of analgesics. requested authorization for 10 sessions of CPMP.

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

The requested 10 sessions of outpatient chronic pain management for the claimant's chronic right hand pain is medically necessary based on review of this medical record and the ODG. This is a 59 year old woman who has had ongoing right hand and wrist pain, following a crush injury. It appears she underwent surgery in February 2009. The medical records document chronic pain and limitation in function. ODG Guidelines for chronic pain management are geared towards allowing people to participate in this type of program if they have chronic pain if it is not improved with appropriate lessor aggressive conservative care, there is a job for them to return to, they have psychologic issues that can be dealt with through the chronic pain program, there is disability less than 24 months, and no further surgery is indicated as well as the fact that there is no indication that there is a drug dependency issue. None of those red flags appear to be present in this case. Therefore in light of the fact that she has ongoing chronic pain which is not improved with apparent appropriate conservative and operative care then the requested pain program is medically necessary. The reviewer finds that medical necessity exists for Chronic pain management 10 sessions chronic right hand pain, outpatient.

#### **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 KNOWLEDGBASE

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)