

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Chronic Pain Management 8 hours per day for 5 days per week for 2 weeks 97799

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

MD, Board certified in Physical Medicine and Rehabilitation

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, 3/1/10, 3/25/10

MEDICAL 1/10/10, 2/18/10, 2/10/10

12/15/09

2/8/10 TO 2/19/10

2/16/10

REHAB 3/9/10

ODG-TWC

PATIENT CLINICAL HISTORY SUMMARY

This case involves a male. He was struck in the back, hitting his lower left side. He complains of low back pain. MRI shows multi-level degenerative disc disease. He does not smoke. He did have injections by Dr. without improvement. A 2/16/2010 note indicates he uses crutches for ambulation. However motor strength is 5/5 in the extremities. The chronic pain notes indicate he is not interested in exploring pain medication reduction. He has been using Tramadol, Celebrex, Alprazolam, flexeril, ambien, hydrocodone and darvocet. Prior to the 2 weeks of a chronic pain program, he had a psychologic evaluation. His pain was 8-9. He had mild depression and anxiety on the administered tests. He does not have a job to return to according to the records submitted.

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

In this instance, the patient is not interested in reducing medication, continues to rely on crutches which is not demonstrating improved function and has required an injection for pain which does not demonstrate decreased utilization of the health care system. He is 66 with multilevel DDD. It is not a goal for him to return to a heavy labor position. He has multiple predictors of failure in a pain program according to the ODG -- he had an increased duration of pre-referral time, a higher prevalence of opioid use and elevated pre-treatment levels of pain. He had high levels of depression and pain and anxiety prior to referral to CPP. He has high levels of perceived disability. According to ODG, treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Based on the records reviewed, the patient does not satisfy ODG criteria for additional pain management sessions. The reviewer finds that medical necessity does not exist for Additional Chronic Pain Management 8 hours per day for 5 days per week for 2 weeks 97799.

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)