



Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE OF REVIEW: 9/13/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Determine the appropriateness of the previously denied request for chronic pain management program (CPMP), 5 times per week for 2 weeks (10 visits) – CPT code 97799.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Texas licensed anesthesiologist.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for CPMP, 5 times per week for 2 weeks (10 visits) – CPT code 97799.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Referral dated 9/7/10.
- Request for Medical Dispute Resolution Form dated 9/1/10.
- Denial Determination on Reconsideration/Appeal Report dated 8/25/10.
- Reconsideration dated 8/23/10.
- Pre-Authorization Intake Form dated 8/23/10, 8/12/10.
- Request for Reconsideration Form dated 8/23/10.
- Revised Notice of Denied Utilization Review Determination Attachment Included dated 8/17/10.
- Physician Determination Initial dated 8/16/10.
- Initial Interview dated 8/5/10.
- Indication of Evaluation Questionnaire dated 8/5/10.
- Follow-up Visit Report dated 8/2/10, 3/12/10.

- **Reprogramming of Spinal Column Stimulator Report dated 12/29/09.**
- **History/Physical Report dated 5/10/07.**
- **MRI of the Lumbar Spine dated 5/23/01.**
- **Treatment Plan dated (unspecified date).**
- **Reconsideration/Appeal Process dated (unspecified date).**

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Crush injury to the right hand on rollers of a loading table.

Diagnosis: Complex regional pain syndrome (CRPS) of the right upper extremity.

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

This female sustained a crush injury to the right hand on rollers of a loading table on xx/xx/xx. Her diagnosis was complex regional pain syndrome (CRPS) of the right upper extremity. She received several treatment modalities for the pain associated with the CRPS. Her treatments included medications, injections, and a spinal cord stimulator (SCS) placement. Despite these modalities, the patient reported pain rated 6-8/10 on visual analog scale (VAS). She was seen by Dr. on 8/2/10. Due to symptoms of depression, the patient was referred to for a CPMP. She was evaluated on 8/5/10, by PhD. The patient had a Global Assessment of Functioning (GAF) of 60, Beck Depression Inventory (BDI) of 30, Beck Anxiety Inventory (BAI) of 21, and a Screener and Opioid Assessment for Patients with Pain (SOAPP-R) of 8. Based on these findings, there was a recommendation for a Chronic Pain Management Program (CPMP) x 10 sessions. The request was denied on appeal based on the fact that the patient was to have her Spinal Cord Stimulator (SCS) reprogrammed to see if it would help the pain, but this did not occur. In the information provided for this IRO, there was no indication that the SCS was reprogrammed. There was also no indication of failure of individual psychological treatments prior to this request. The ODG supports chronic pain management programs (CPMP) only if lower level care has failed. This guideline is found in the chapter on pain, CPMP section. The ODG indicates the criterion for a CPMP includes “(1) The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (a) Excessive dependence on health-care providers, spouse, or family; (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or

nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function.” Since the ODG criterion was not met, the previous adverse determination for a CPMP, 5 times per week for 2 weeks (10 visits) – CPT code 97799, is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Pain--Chronic pain programs (functional restoration programs).
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).