Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 9/1/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 hours of 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:

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

80 hours of chronic pain management program Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to utilization by, dated 8/13/2010
2. Notice to air analytics by, dated 8/13/2010
3. Conformation of receipt dated 8/12/2010
4. Letter by MD, dated 8/6/2010
5. Letter by MD, dated 8/6/2010
6. Request for a review dated 7/28/2010
7. Letter by MD, dated 7/8/2010
8. Letter by MD, dated 7/8/2010
9. Request for reconsideration by MD, dated 7/1/2010
10. Pre-authorization request by MD, dated 5/6/2010
11. Pre-authorization request by MD, dated 5/6/2010
12. Mental health evaluation by.Ed, dated 4/29/2010
13. Work capacity evaluation dated 4/29/2010
14. Mental health evaluation by M.Ed, dated 4/29/2010
15. Work capacity evaluation dated 4/29/2010
16. Fax page dated 8/16/2010
17. Letter by MD, dated 8/16/2010
18. Notice of assignment by, dated 8/13/2010
19. Request for reconsideration by MD, dated 7/1/2010
20. Pre-authorization request by MD, dated 5/6/2010

21. Mental health evaluation by .Ed, dated 4/29/2010
22. Work capacity evaluation dated 4/29/2010

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured worker is a male who suffered work injury when he was injured by stepping on a pallet and was hit on the left shoulder and knee. Diagnoses were sprain of knee and contusion of shoulder. MRI left knee revealed medial meniscus tear, anterior cruciate ligament sprain and quadriceps and patella tendinosis. MRI left shoulder showed supraspinatus and infraspinatus tendinosis, moderate AC joint hypertrophy and type 2 SLAP tear. Injured worker underwent left knee surgery on 1.21.09 and left shoulder surgery on 5.19.09. Work capacity evaluation showed the injured worker at light medium PDL (physical demand level) on 4.29.10. Medications are Zoloft and Vicodin. Electrodiagnostics of the upper extremities were negative. Injured worker has had physical therapy. Chronic pain management program (CPMP) evaluation notes Beck Depression and Anxiety scores are 27/63 and 19/63 respectively.

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

Dr., on 8.6.2010, recommended non-certification due to lack of information of failed conservative measures and high levels of anxiety and depression. Dr. recommended non-certification due to lack of information regarding work capacity testing, prior psychological treatments and prior physical therapy treatments. Further, Dr. was concerned regarding the injured worker's period of disability nearing 24 months.

Recommendation is to uphold the 2 previous denials of a request of 80 hours of chronic pain management program. Based on the information provided it is unclear if the patient has exhausted all lower levels of treatment to including completion of recommended physical therapy sessions, medication optimization for the treatment of psychological dysfunction and individual cognitive behavioral counseling. According to the requests for CPMP submitted the notes indicate the patient has been treated with prior courses of physical therapy but the duration and amount of therapy provided is unknown, along with patient response to treatment to include compliance with recommended treatment programs. The patient also complains of depressed and anxious mood which has been treated with Zoloft but it is unknown if the scope and duration of the trial of the medication was beyond 2 weeks as noted by the prior reviewer and would not be considered an adequate trial. Therapeutic response to medications such as Zoloft for symptoms of depression can take up to 6 weeks. Further, per ODG cognitive behavioral therapy would be indicated on a trial basis in conjunction with active rehabilitation and medication management for psychological dysfunction prior to instituting a chronic pain program. Based on the information provided and ODG recommendations there do appear to be other options which have not been tried and could result in clinical improvement other than a CPMP at this time. Prior denials should be upheld.

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
- **X** 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)

ODG -TWC - ODG Treatment - Integrated Treatment/Disability Duration Guidelines - Pain (Chronic): Chronic pain programs (functional restoration programs)