Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic pain management program X 10 Sessions (6 hours a day for 10 days)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board certified in Physical Medicine and Rehabilitation with expertise in 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
2/11/11, 1/20/11
Healthcare System 11/30/09 to 1/10/11
Healthcare Systems 1/6/10 to 3/2/11
Rehabilitation Center 1/14/11 to 2/7/11
Back Institute 1/26/10 to 8/17/10
BHI2 1/11/11
Physicians Surgical Center 2/7/06 to 9/6/06
1/9/08
Pain Consultants 4/7/09
M.D., P.A. 1/6/06
Imaging 3/18/10
Diagnostics 2/26/10

PATIENT CLINICAL HISTORY SUMMARY
This claimant has a date of birth of xx/xx/xx. He reported an injury xx/xx/xx and has complained of low back pain. He has had conservative treatment including physical therapy. He has had ESIs. He takes Aleve, hydrocodone, Zanaflex, and Celebrex. An MRI on 12/17/2008 shows L3-S1 disc bulges. His BMI is 51.5. There is not evidence of an exercise program or a weight loss program in place for this patient.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Weight is associated with co-morbid disability, depression and reduced physical function and chronic pain. This patient is morbidly obese and this condition has not been addressed.

There is not a plan in place to address his excessive weight. He has negative predictors for return to work including that there is a delayed referral to a chronic pain program. Acceptance to a chronic pain program requires a detailed examination and plan in place to address all factors contributing to the chronic pain and disability. This information has not been provided. Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain.

The patient should show evidence of motivation to improve and return to work and meet the selection criteria. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain. In this case the patient does not meet ODG selection criteria for entry to a CPMP. The reviewer finds no medical necessity at this time for Chronic pain management program X 10 Sessions (6 hours a day for 10 days).

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

[X] 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)