

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program, five times a week for two weeks totaling 80 hours 97799

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

MD, Board Certified 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

6/29/11, 5/27/11

Official Disability Guidelines-Treatment for Workers' Compensation, Chronic Pain Programs

MRI lumbar spine 09/23/09

Operative report 02/24/10

Post myelogram CT of lumbar spine 06/01/10

Lumbar myelogram 06/01/10

Psychological diagnostic interview 04/04/11

Functional capacity evaluation 04/14/11

Designated doctor evaluation 04/15/11

Progress evaluation 06/23/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male. He slipped and fell while at work on xx/xx/xx. Treatment to date has included diagnostic testing; right L3-4 and L5-S1 transforaminal epidural steroid injection on 01/04/10; right sided hemilaminotomy, medial facetectomy and right sided foraminotomy at L3-4 and L4-5, L3-4 and L4-5 discectomy in 02/2010, and physical therapy x 12. Psychological evaluation dated 04/14/11 reports BDI is 14 and BAI is 21. Medications include Norco, Mobic and Gabapentin. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Functional capacity evaluation dated 04/14/11 indicates that current PDL is light-medium and required PDL is heavy. Designated doctor evaluation dated 04/15/11 indicates that the patient "does in fact have injuries, which have extended to the region of the cervical spine that go beyond the disc issues at L3-4 and L4-5." In a note dated 05/20/11 it states that the patient is awaiting a second surgery; however, the details and status of this surgical intervention was not clarified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The submitted records fail to establish that this patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program as per the ODG. There is no indication that the patient has undergone a course of individual psychotherapy or been placed on psychotropic medications. The patient is noted to have undergone 12 sessions of physical therapy and a single epidural steroid injection. The patient is reportedly awaiting a second surgery; however, the status of surgical intervention is not documented. Chronic pain programs are indicated when there is an absence of other options likely to result in significant clinical improvement. The reviewer finds there is not a medical necessity at this time for Chronic Pain Management Program, five times a week for two weeks totaling 80 hours 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)