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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program five times a week for two weeks 97799

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

MD, Board Certified Physical Medicine and Rehabilitation and Pain Management

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

06/28/11

07/13/11

Official Disability Guidelines-Treatment for Workers' Compensation

Request for 10 days of chronic pain management program 06/23/11

Reconsideration request for 10 days of chronic pain management program 07/06/11

Physical performance evaluation 06/21/11

Assessment/evaluation for chronic pain management program 06/08/11

Psychological testing results 05/24/11

Progress notes MD, 9/28/10

Operative report 09/28/10 left knee diagnostic arthroscopy with ACL and PCL augmentation, partial medial/lateral meniscectomy, complete synovectomy, abrasion arthroplasty medial femoral condyle removal of adhesions and installation of platelet rich plasma

MRI lumbar spine 10/23/09

Office notes, MD, 10/23/09-3/25/10

Progress notes MD, 11/3/09-7/15/10

Operative report bilateral laminectomy, foraminotomy L4-S1 04/13/10

Lumbosacral spine x-rays 03/25/10

EMG/NCV bilateral lower extremities 11/13/09

Lumbar epidural steroid injection 12/05/09

MRI left knee 07/30/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate the injured employee sustained injuries secondary to a fall at work. She underwent left L4-5, L5-S1 laminectomy discectomy on 04/13/10. Left knee surgery was performed on 09/28/10. Records indicate the injured employee also completed 10 days of a work hardening program

and has had four sessions of individual psychotherapy in an effort to resolve injury related mood disturbance, implement coping skills and improve overall level of adjustment. The injured employee was taking Flexeril and ibuprofen. Her job requires a medium physical demand level, and per physical performance evaluation she currently is capable of light physical demand level. A request for chronic pain management program five times a week times two weeks was reviewed on 06/28/11. It was noted that the injured employee has made modest improvement following work hardening and individual psychotherapy; however, there was no documentation provided demonstrating the injured employee's progress with these therapies. It was also noted that the injured employee has undergone a prior work hardening program and that current evidence based guidelines do not recommended reenrollment in similar programs. As such certification was not established.

The request was reviewed on 07/13/11 and was again determined to be non-certified as medically necessary. It was noted that the injured employee underwent L4-S1 laminectomy discectomy on 04/13/10 and left knee surgery on 09/28/10. Physical performance evaluation on 06/21/11 revealed the injured employee to be in a light physical demand level while the job requires medium physical demand level. Psychological evaluation reported BDI score of 37 and indicated severe depression. The injured employee had undergone various modalities of treatment inclusive of work hardening and individual psychotherapy. There remain to be no progress notes documenting the rendered work hardening sessions. Objective measures of functional response to the previously rendered physical rehabilitation programs also were not provided. One of the stated goals of the requested service was to return the injured employee to productive work. It should be noted that the injured employee has been continuously disabled for greater than 24 months. There is conflicting evidence that chronic pain programs provide a return to work beyond this.

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

The records indicate that this patient has undergone previous individual psychotherapy and work hardening; however, there is no comprehensive assessment of the patient's objective, functional response to these modalities submitted for review. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program to include work hardening. Additionally, ODG does not recommend chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide a return to work beyond this time period. The reviewer finds there is not medical necessity at this time for Chronic pain management program five times a week for two 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)