

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of an interdisciplinary chronic pain management program

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

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

PATIENT CLINICAL HISTORY SUMMARY

This is a man reportedly injured on xx/xx/xx. He reportedly sustained a fracture of his ankle. He subsequently had an ORIF, followed by hardware removal and then delayed closure with a skin graft. He had 10 sessions of work hardening at one site. He then had 3 additional at another. I could not determine why the switch over. He was not able to proceed beyond 3 days due to ankle pain. His job requires a PDL of medium heavy, and he is at a medium PDL. The request noted no relief of his pain with Flexeril. He had testing that showed high Fear Avoidance Beliefs, depression, coping problems and anxiety, and a pain level of 4. He is able to complete his ADLs, but has problems walking and driving.

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

The claimant has had three ankle operations and the skin graft. There would be anticipated loss of motion. The reviewer was unable to determine from the records if the patient's pain is from scarring, or a problem with intra-articular damage. Dr. described loss of motion and joint crepitus. The latter could mean pain would be anticipated with the increased activities described. Flexeril is used for muscle spasms and not for pain relief. I did not see any

comments about the presence of spasms in Dr. assessment. The claimant has been in 13 days of work hardening. The program was terminated due to pain. The ODG allows time to complete the work hardening program, but the guidelines do not recommend a second pain program, such as chronic pain management program. The ODG pain programs present limited discussion for nonspinal pain. Records indicate this patient has increased pain with the increased activities previously described and thus would likely have pain with the therapies associated with a Chronic Pain Management program. His work hardening program was limited by his pain. For this reason, the reviewer finds there is not a medical necessity at this time for 10 sessions of an interdisciplinary chronic pain management program.

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)