

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Chronic Pain Management Program 5xWk x 1 Wks, 97799-CP

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

M.D., Board Certified Physical Medicine and Rehabilitation and Pain 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

Official Disability Guidelines

Notification of determination 10/04/11

Reconsideration/appeal additional chronic pain management program 11/16/11

Request for services 08/12/11

Comprehensive functional capacity evaluation 08/09/11

Progress summary 09/28/11, 10/26/11

Request for additional sessions 10/27/11

Request for reconsideration 11/10/11

Request for medical dispute resolution 11/28/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx secondary to a motor vehicle accident when he fell asleep at the wheel and hit an 18-wheeler. He was diagnosed with fractured patella, posterior cruciate ligament repair of left knee and left hip and left leg pain. He has been treated with diagnostic/imaging studies, chiropractic, TENS unit and medications, but none have been completely successful in lowering levels of pain. The claimant completed 6 sessions of individual psychotherapy with minimal progress. He was authorized for 10 initial sessions of a chronic pain management program. A request for additional sessions was reviewed on 10/04/11, and after peer-to-peer discussion a partial approval was agreed to 5 additional days of chronic pain management program. Dr. stated the claimant had reduced his medications from 3 hydrocodone tablets to 1 tablet a day, but Dr. was concerned because the claimant's BDI and BAI scores had both increased. It was noted that after completion of the 5 additional days of chronic pain management the claimant should be off all medications and should be reevaluated. On 11/16/11, a peer review report states that this was an injury that occurred over 3 years ago. Fifteen days of CPMP have been completed. A narrative report indicated he has tapered medications, but no details. He was compliant in applying

behavioral techniques taught in the program. Pain, depression and anxiety have improved. However, there is no physical data at all showing progress or to support the need for additional days of the program. No specific discharge goals and no plan for after the program was documented, which is of particular importance given this is an injury that is over 3 years old.

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

This man is noted to have completed 15 days of chronic pain management program. Progress summary dated 10/26/11 states he was compliant with the program. He continues to recognize and put into practice techniques to manage more effectively stress, tension and pain.

He was noted to have made good progress in his ability to utilize his relaxation and breathing skills to lower pain perception. He decreased his medication intake to an as needed basis and voiced considerable interest in managing his pain without the dependency of medication. He has improved Beck Depression and Anxiety Inventory scores. However, as noted on previous peer review, there is no documentation of this man's progress in response to the physical aspect of the multidisciplinary chronic pain management program. As per the recommendations in the ODG, there is no specific discharge goal or plan for after program treatment. While this claimant has certainly made progress in acquiring skills to manage his pain and decrease his medications, a multidisciplinary chronic pain management program also requires progress in response to the physical therapy/treatment aspect of the program. The reviewer finds medical necessity is not established for Additional Chronic Pain Management Program 5xWk x 1 Wks, 97799-CP.

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)