

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/12/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Pain Management for five times a week for one week for 40 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  
Board Certified 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**

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a xx year-old male. The patient slipped and fell on a 2 x 4 wooden board while attempting to untangle straps on a truck, landing on his right shoulder and injuring his shoulder, back, neck and head. A behavioral medicine evaluation indicates that the patient is being evaluated to determine if he is an appropriate candidate for additional sessions of CPMP. Treatment to date is noted to include physical therapy, x-rays, ultrasound, MRI scans, EMG/NCV, lumbar epidural steroid injection, myelogram, 10 sessions of individual psychotherapy, and 10 sessions of CPMP in April-May 2008. The patient was subsequently released to return to work in June 2008. Pain management progress notes dated 06/11/10 through 08/23/10 are also included in the records. Functional capacity evaluation dated 10/07/10 indicates that the patient has completed 15 sessions of CPMP and he states that the program helped him emotionally in learning how to deal with his present condition. He continues to complain of persistent pain in the neck/low back. There is reported increased range of motion of the right shoulder, cervical/lumbar range of motion is unchanged. The patient's current PDL is light.

Request for preauthorization dated 10/07/10 indicates that the patient has completed 15 days of chronic pain management program. The patient's reported pain has decreased from 7/10 to 6/10. BDI decreased from 57 to 47 and BAI from 34 to 29. The patient continues to take Norco 10/325 mg q4-6 hrs prn and Xanax 2 mg. The initial request for 5 additional sessions

of CPMP was non-certified on 11/08/10 noting that the patient has not made significant progress in the program to date, and the functional capacity evaluation does not indicate the patient's required PDL. Appeal letter dated 11/29/10 indicates that the patient's initial PDL was sedentary/light and required PDL is medium. The request was non-certified on appeal on 12/10/10 noting that progress notes and attendance record were not provided. The mental health evaluation was not provided. Drug screening was not done and this is needed to determine whether the patient was able to reduce the amount of pain medications taken previously. The goals do not appear to include elimination of narcotics. The patient has only progressed from sedentary light to light PDL in 15 sessions of chronic pain management.

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

Based on the clinical information provided, chronic pain management program x 5 is not medically necessary. The submitted records indicate that the patient sustained injuries over 24 months ago, and there is no evidence that the injured worker is likely to benefit from additional services at this point or that this issue is included in the treatment plan. The injured worker has demonstrated only minimal progress in the previous 15 sessions of the chronic pain management program. The injured worker underwent a previous chronic pain management program in April-May 2008 as well. There is no evidence that the injured worker has reduced or eliminated the use of narcotic medications. There is no evidence that the injured worker has been assessed for the use of antidepressant medications to treat what is reported to be very severe depression. ODG criteria is not satisfied. The reviewer finds that there is no medical necessity for Chronic Pain Management for five times a week for one week for 40 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)