**SENT VIA EMAIL OR FAX ON**
**Feb/15/2011**


# Applied Assessments LLC

**An Independent Review Organization**
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**
Feb/14/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Chronic Pain Management Program 5 X 2 for a total of 80 hours for the right arm

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ X ] 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 xx-year-old who injured his right hand in a fall. He had reportedly seven operations including arthroplasty and arthrodesis of the thumb/wrist joint with variable healing problem. The hardware was removed on 1/21/09. He was in a pain program for 20 sessions ending in November 2010. He was at a medium PDL. He remains on Celebrex, Ambien, Cymbalta and Flexeril per the records. Healthcare provider noted that he needed additional time beyond the 20 sessions. She wrote (12/11/10) that he shows “some improvement…continues to show a positive attitude towards recovery and improvement…displaying good effort in the program.” Wrote on 12/20 that he meets the ODG requirements for an extension because he is motivated to change and has remaining medication issues. Further, she wrote, that he has goals to “continue to perform his HEP and maintain a high level of physical activity. He may require group therapy…for coping and pain management skills….”

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

The ODG does not advise participation in a pain program if there is more than 24 months of non-work due to a disability after an injury. He is 7 years, so on variance has been granted.

The ODG does not generally permit more than 20 days (or equivalent) of a pain program without "a clear rationale for the specified extension and reasonable goals to be achieved…individualized care plans explaining why improvements cannot be achieved without an extension…." It is clear that he made gains. The IRO reviewer could not glean from the record why the goals were not accomplished in the 20 sessions. This includes the medication use. It is clear that he is motivated. That is a requirement to enter a pain program, and obviously for an extension. The IRO reviewer did not find a specific individualized treatment program other than a goal for a self (HEP) directed exercise program and need to learn coping skills. These are to be included in the 20 sessions completed. Therefore, the request is not medically necessary.

**(9) If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. These other desirable types of outcomes include decreasing post-treatment care including medications, injections and surgery. This cautionary statement should not preclude patients off work for over two years from being admitted to a multidisciplinary pain management program with demonstrated positive outcomes in this population.**

**(12) Total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).**

**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**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

**[ ] MILLIMAN CARE GUIDELINES**

**[ X ] 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)**