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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799 Initial Chronic pain management program (CPMP) x 80 hours

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

MD, BOARD CERTIFIED IN PHYSICAL MEDICINE 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

Official Disability Guidelines and Treatment Guidelines, Chronic Pain

12/13/10, 12/23/10

Clinic 12/6/10 to 12/17/10

Behavioral Evaluation Report 11/12/10

Work Capacity Evaluation 11/12/10

289 Additional pages of medical records from Carrier dated 6/08 to 11/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was entering a truck with an electric pallet jack when the pallet jack malfunctioned and jerked forward causing the patient to twist and injuring his low back. Work capacity evaluation dated 11/12/10 indicates that the patient's required PDL is heavy and current PDL is sedentary-light. The patient passed the validity criteria. Behavioral evaluation report dated 11/12/10 indicates that the patient rates his pain as 8/10. BDI is 15 and BAI is 24. Diagnoses are pain disorder associated with psychological factors and a general medical condition; and major depression moderate. The request for CPMP was non-certified on 12/13/10 noting that the patient has not undergone any treatment since 2009 and has been maintained on medications since that time. The patient has had little treatment to date and is noted to have a sprain/strain. Request for reconsideration dated 12/17/10 indicates that the patient was treated with medications, therapy, physical rehabilitation and injection therapy. The non-certification was upheld on appeal dated 12/23/10 noting that the patient sustained a lumbar sprain/strain, negative predictors of success, functional capacity evaluation is not validated and there is no evidence of physical limitation to preclude the claimant from being employed.

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

Based on the clinical information provided, the reviewer finds that 97799 Initial Chronic pain management program (CPMP) x 80 hours is not medically necessary, and the previous

denials are upheld. The patient sustained a lumbar sprain/strain injury in xx/xx. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The submitted records do indicate that the patient has not undergone any active treatment since 2009. The patient's date of injury is greater than 24 months old, and the Official Disability Guidelines do not support chronic pain management programs for patients whose date of injury is greater than 24 months old. The patient has been diagnosed with major depression; however, there is no indication that he has undergone a course of individual psychotherapy. Given the current clinical data, the reviewer finds that 97799 Initial Chronic pain management program (CPMP) x 80 hours is not medically necessary at this time.

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)