

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management program - aftercare program of 24 hours (four hours per session of once a month for six months)

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

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

9/29/10, 10/15/10

MD, 5/20/09 to 12/1/10

Medical Center, 1/5/10

, 2/5/09

MD, 11/4/10, 7/19/10

Health Systems, 5/18/10

MD, 9/11/09

MD, 12/2/09

Orthopedic & Sports Medicine Center, 3/13/09, 2/13/09, 1/30/09, 5/6/09

Dr., DO, 6/22/09

OT Treatment Records, 2/09-4/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx with chronic pain after a left hand laceration and crush injury. He had persistent pain. He completed 4 weeks of a pain program. Dr. and Dr. noted he continued to have pain and was unable to work. His pain was at a level 3 on 8/30/10 when the assessment for the aftercare was initiated. He was described as having pain at a level 9 in the 12/1/10 appeals noted by Dr. and Dr..

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

The gentleman's pain worsened from a 3 to a, 9 in 4 months. They wrote several times about the need for the aftercare. On 12/1/10: "Participation in CPM Aftercare will considerably

improve the likelihood of a successful return to work and reduce the likelihood of ongoing medical care..." They wrote 10/15/10 that this man "requires interdisciplinary aftercare at the current time to remove emotional obstacles to recovery..." They cite him saying, (8/30/10) "Pain management helped, especially mentally, I'm not so depressed. I want to go back to work, but sometimes it's still very painful when I try to use my hand."

It is unclear why these goals were not accomplished in the prior pain clinic program. The records note his condition has deteriorated, but does not explain how extra sessions will reverse this trend. This man has not made nor retained functional improvement per the records. The goals mentioned by the doctors include his return to work. Yet they note he states he cannot because of the pain after treatment.

Another goal is the reduction of the use of medical care. I am not clear how this will be accomplished. I am not clear what the monthly 4-hour interventions that are requested will include. The description is "1 time per month and duration of 4 hours per session, consisting of 24 hours of overall treatment over a period of 6 months." This is vague. Is this to be a monthly 4-hour psychology program of counseling and support group? Or is it additional therapies? Most of the appeal letters address the need for emotional support and lifestyle changes. It is unclear how these will necessitate a 4 hour monthly session and why were they not accomplished before. Without clarification of these points, the reviewer cannot overturn the previous adverse determination. The reviewer finds no medical necessity for Chronic Pain Management program - aftercare program of 24 hours (four hours per session of once a month for six months).

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)