SENT VIA EMAIL OR FAX ON
Jan/24/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Pain Management 5 x wk x 2 wks 80 hours

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
OD Guidelines; Denial Letters 12/15/10; Clinic 9/10/10 thru 12/17/10
WCE 9/13/10; MRIs 6/24/10 and 6/30/10

PATIENT CLINICAL HISTORY SUMMARY
This is a man injured on xx/xx/xx. He apparently injured his left shoulder and neck. The MRI showed a suprasinatus tendiosis and possible “undersurface tear” and degenerative changes in the cervical spine. He entered the pain program on 10/13/10 and completed 20 sessions. His pain improved from 9 to 5, BDI from 22 to 14, and BAI from 13 to 8. He reportedly has a potential for further improvement including reduced pain medications and mastering the remaining skills to manage his pain. The 8/27/10 report described him as using Mobic, Skelaxin and Elavil. There was no opiate use. The IRO reviewer saw no reports of any reduction in pain medication use. The sole FCE was from 9/13/10.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The issue is the need for the additional 10 sessions. The goals cited by Dr. for the extension

are for this man to reduce his pain medications, further reduce his depression, pain and anxiety, reduce his risk of relapse, receive vocational training and to complete the pain program, The extenuating circumstances cited are the fact that he is a laborer with issues about further re-injury. The ODG addresses the physical needs in the program. The report cited that he has been slow in mastering some of the skills and the goals require the extra time to master the skills. It does not mention the specific reasons why the goals were not met in the usual time frame. There are subjective improvement scores, but no objective evidence of any improved function in a repeat FCE. One cited goal is the reduction of medication use. The IRO reviewer did not see if there had been any reduction with the competed sessions. He may warrant the additional treatment, but after a careful review of all medical records provided, the IRO reviewer did not see any justification in the report provided addressing the criteria cited.

Chronic pain programs (functional restoration programs)…

Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances:…

(10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis.

(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)