

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional chronic pain management 5 x 2 10 days 97799

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

MD, Certified by the American Board of Psychiatry and Neurology

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 claimant is a male who was injured on xx/xx/xx in a motor vehicle accident. His truck rolled down the hill and he suffered chest pain and injuries to neck and spine. He has had 10 sessions of active and passive physical therapy and 6 sessions of individual psychotherapy. He has also completed 10 sessions of CPMP. He reports continued pain and unresolved problems associated with reliance on significant others to complete ADL's and unemployment. After completing his CPMP, he is now able to lift and carry 30 pounds and lift 40 pounds. PDL has improved from light/medium to medium and required PDL is very heavy. The patient has reported that he wishes to return to a position that does not require and additional CPMP has been requested to establish his resume and identify potential employers in the area. Following initial treatment, he has reduced irritability, frustration and anxiety and BDI decreased from 33 to 32. Cervical range of motion has improved. The request for additional CPMP was denied by the reviewer. The rationale given was: "The patient had benefits with the previous sessions of the program in terms of increase in PDL but there seemed to be no progress with regards to the overall physical improvement since the Oswestry score did not increase and the psychosocial aspect of the program seemed to be ineffective in improving the patient's BDI score. Additionally,

the patient has been impaired beyond the recommended time for which successful employment may occur and thus CPMP for these patients is not supported by the guidelines. Thus the clinical information obtained does not establish the medical necessity, clinical utility and anticipated potential benefits of this request.”

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

The patient does meet ODG for continued treatment. The guidelines state the following: “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.” Based upon this written description, this patient does meet ODG criteria. He is compliant, and he has both subjective and objective improvement. The reviewer cites that he has only improved in some areas and not in others. However, ODG does not make any such distinction. Furthermore, the reviewer objects to the fact that the patient’s injury was over 2 years prior to treatment. However, that objection would only apply to initiating treatment, not to continuing treatment. The treatment team has documented the success necessary to meet ODG and has specific reasonable plans for the goals of continuing treatment that will lead to employment. Thus the reviewer finds additional chronic pain management 5 x 2 10 days 97799 is medically necessary.

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)