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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 Sessions

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

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured on xx/xx/xx when she injured her back and left foot when a chair broke. She had been diagnosed with RSD and L3 and other root radiculopathy. Her EMG was normal. The MRI of the foot/ankle during the time of the acute injury was negative. She had limited benefits from sympathetic blocks. She has some college education and was working as an. She describes ongoing burning in her left foot, worse with standing. She is on Celebrex, Norco and Neurotonin. She has minimal anxiety and depression. She has continued to work part time in a position. She would like to return as a, which requires a medium PDL. The FCE showed her to be de-conditioned. The goal of the CPMP is physical training to improve her strength and stamina and provide cognitive treatment to manage the pain. Dr. feels she is entitled to a waiver for the 24-month rule to enter a 20-session pain program, although the request is for the initial 10 sessions. He wrote she "has been injured over 24 months. However, she recently completed conservative treatment measures for management of her RSD and has shown good motivation by continuing to work despite her pain complaints." Dr. noted that she completed a "plethora of recent treatments" and is now ready to accept the nonbiologic treatments for her pain. The doctors have recommended a pain program as she was not "effectively dealing with pain."

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

The issue here is the late date for treatment, almost xx years post injury. The patient is no longer looking for a biological treatment for the pain. She has some college (and post college) education. She still has pain when on the foot, and the type of CPMP described sounds like this will add to her standing and walking time. The key justification for the program is stated to be to reduce her reliance on opiates for pain control (There was nothing presented to suggest any abuse of the medications). This is encouraged in the Texas Medical Board where any reasonable treatment that may reduce the need for controlled substances is encouraged. Therefore, to comply with the Medical Board Rules, this CPMP with the primary goal of

getting her off opiates would be considered medically necessary. The reviewer finds there is medical necessity for Chronic Pain Management Program x 10 Sessions.

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)