

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program, Additional 10 Days, 97799

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
Board Certified in Electrodiagnostic Medicine

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 man reportedly injured on xx/xx/xx when he was jolted about in an MVA. He worked for the company for almost 18 years. He developed neck and back pain. He received ESIs for a radiculopathy. He reportedly received epidural injections, 10 sessions of work hardening and 10 sessions of a pain program. He has lost weight. His depression and fear avoidance have improved. He had mild reduction in pain, irritability, tension, and forgetfulness. His pain went from an 8 to a 7. He had some improvement in strength. He was at a light medium PDL, and is still at a light medium PDL. His job requires a very heavy PDL.

The gains described are improvement in dressing and hygiene. He is walking and doing more cardio exercise. His driving improved from 30 –45 minutes to an hour. He was at a light medium PDL prior to the program and remained at a light medium during the reassessment in May 2011.

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

The providers have requested an additional 10 CPMP sessions as part of their 20-30 day program. The claimant had 10 days of Work Hardening prior to 10 days in the chronic pain program. It would appear he has completed 20 days of a combined program. One reason

requested for a 10-day extension of CPMP is that he “has not met the targeted reduction of 75% in every symptom.” After 20 sessions of a combined program, he has not come close to meeting the targeted reductions – indeed, his pain has only reduced from an 8 to a 7. He apparently has a diagnosis of a radiculopathy with neck and low back pain. A description of the MRI report described cervical and lumbar degenerative changes. Reports also mention he was felt to have a radiculopathy based upon slowed F Wave and other latencies. There were no comments about the needle examination. Neither the EMG report nor the MRI was provided.

The patient has diabetes. The doctors noted that his diabetes would preclude him from returning to until his medication changes, and possibly if further weight loss occurs. This is a negative factor.

There are also comments that the patient has a stress fracture of his foot limiting his participation in the therapy programs. Notes indicate the providers have hope that once the fracture heals he can return to work. There was no detailed information about the fracture, anticipated healing date, etc. It is unclear how the CPMP has been modified or affected by the stress fracture. This again is a negative factor.

Primarily, though, there have not been significant objective and subjective gains as required by the ODG for continuation of the CPMP. The patient does not meet the ODG criteria for the additional 10 sessions. The reviewer finds no medical necessity for Chronic Pain Management Program, Additional 10 Days, 97799.

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)