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Notice of Independent Medical Review Decision
Reviewer's Report

DATE OF REVIEW: June 13, 2011
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Participation in a chronic pain management program (5 x 2), E1399 and 97799.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
M.D., Board Certified in Physical Medicine and Rehabilitation.

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)
The requested service, chronic pain management program (5 x 2), E1399 and 97799, is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who has requested authorization for participation in a chronic pain management program (5 x 2), E1399 and 97799.

A review of the record indicates the patient sustained an on-the-job injury on xx/xx/xx when he was carrying a television down a flight of stairs and lost his footing and twisted his knee. The patient is status post three knee surgeries. The patient's provider indicates the patient completed rehabilitation from his most recent surgery on 1/19/11 and completed a functional capacity evaluation (FCE) on 4/21/11. The provider indicates the patient has completed 24 sessions of post-operative therapy and remains on medication for pain. The provider has recommended participation in a chronic pain management program. The URA indicates the requested service is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Upon review of the submitted documentation, the requested chronic pain management program is not supported by Official Disability Guidelines (ODG). The patient's provider indicates that the patient already participated in a chronic pain management program in 2009 and learned some effective pain management techniques. Per ODG, re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is not medically warranted for the same condition or injury. Chronic pain management programs are designed to help the patient learn how to cope with his or her pain, and are not intended to provide pain resolution during the sessions. This patient's prior training

should have provided him with the techniques that he needs to cope with his pain. The efficacy of additional sessions to learn these techniques is of questionable benefit and is not supported by ODG. Therefore, the requested service is not medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM- AMERICAN 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)