

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 9, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Prospective review for chronic pain management (92799) for an additional 10 treatment sessions

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in pain management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Upon independent review, the reviewer finds that the previous adverse determination should be upheld. The requested prospective treatment request for an additional 10 sessions of chronic pain management program, which would include treatment sessions in addition to an original 20 chronic pain management treatment sessions already completed, which exceeds the criteria from the *ODG*

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 21 page fax 02/07/11 IRO request, 168 page fax 02/08/11 URA response to disputed services including administrative and medical records, 24 page fax 02/08/11 Provider response to disputed services including administrative and medical records.

- Medical records from the preauthorization request as addressed 12/21/10 by M.D., who noted the request exceeded the *ODG* criteria with no indication for medical necessity to exceed the *ODG*.
- Reconsideration denial 01/27/11 by Ph.D., using the same *ODG* criteria.
- Extensive medical documentation from the requestor, a treatment facility.
- Prior review 11/16/10.

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical documentation provided indicates that this individual had an original injury sustained in a fall. He sustained bilateral leg trauma with subsequent surgery on both legs due to leg fractures. He, in addition, suffered a stroke following his injury. He has continued with healing injuries, evidence of posttraumatic head injury, and limited function. Additional medical information in the reports noted complaints of headaches, pain in the right shoulder, and aching pain going into the hips and bilateral lower extremities. He has noted pain interferes with most all of his regular activities. He reported having two daughters and four sons. He indicated that he was married but had been separated for six years. He reported having two years of formal education in Mexico. He spoke only Spanish. His vocational history was limited to construction and manufacturing. The additional medical information did indicate defects in his cognitive and memory areas. He had difficulty on testing to concentration. His memory for recent and remote events was impaired. The patient, upon psychological assessment, did not appear to have sufficient education and literacy to understand and complete a battery of formalized psychological testing and assessment.

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

Based on the information provided for review, his participation in an adequate and reasonable level of post-injury rehabilitation, including 20 chronic pain management program treatment sessions, and the lack of meeting *ODG* criteria for any extension past the 20-day treatment criteria of the *ODG*, was not met.?? In looking at the *ODG* criteria for chronic pain management program, Sub-Item (12), states:

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). 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 improvement outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).

The records provided for this review do not have any explanation as to why continued progress cannot be made by this patient, utilizing information learned during the 20 previous treatment sessions, to achieve the anticipated goals. Additionally, there is no specific evidence of documentation concerning the facility's experience and outcome responses in 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- 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
- 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)