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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of a chronic pain management program

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

Diplomate of the American Board of Psychiatry & Neurology
Board Certified in Psychiatry
Board Certified in Addiction Psychiatry
Board Certified in Forensic Psychiatry

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.

10 sessions of a chronic pain management program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A behavioral medicine consultation with a Ph.D. dated 07/21/10
An evaluation with a P.A. and a D.O. dated 08/09/10
A Functional Capacity Evaluation (FCE) with a D.C. dated 08/25/10
A chronic pain management plan and goals of treatment report from a Dr. dated 08/25/10
A Physical Performance Evaluation (PPE) with a Dr. dated 12/28/10
An evaluation with an M.S., L.P.C. dated 12/28/10
A preauthorization request for 10 sessions of a chronic pain management program from a Dr. dated 12/30/10
Letters of denial for 10 sessions of a chronic pain management program, according to the Official Disability Guidelines (ODG), from dated 01/05/11 and 02/01/11
A reconsideration request letter from an M.S., L.P.C. dated 01/26/11
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 07/21/10 a Dr. recommended a chronic pain management program. On 08/09/10, Mr. and the Dr. recommended a chronic pain management program. An FCE with a Dr. on 08/25/10 indicated the patient functioned in the sedentary-light physical demand level. A PPE with a Dr. on 12/28/10 indicated the patient functioned in the light-medium physical demand level and 10 more days of pain management were recommended. On 01/05/11 and 02/01/11, wrote letters of denial for 10 sessions of a chronic pain management program. On 01/26/11, Mr. wrote a reconsideration request letter for chronic pain management.

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

The requesting provider indicates the patient has completed 20 sessions of a chronic pain program and requires 10 more days to allow the patient to achieve the medium physical demand level so that he “has a greater marketability upon discharge from the chronic pain management program.” The patient has made no changes in the FABQ scores and the patient’s current BDI score is 0 without significant change on the VAS ratings and the patient is noted to have had an increase in pain scores. There is noted to be increasing cardiovascular endurance. In keeping with the fact that there have been no significant improvements in the FABQ scores and ODI score was only minimally improved, 10 additional sessions of chronic pain management would not be indicated.

The ODG Web-based Guidelines state total treatment duration for a chronic pain management program should generally not exceed 20 full day sessions. Treatment duration in excess of 160 hours requires a clear rationale for the

specified extension and reasonable goals to be achieved, according to the ODG. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension, as well as evidence of documented improved outcomes from the faculty. The requesting physician is not able to clearly provide documentation to support the need for 10 additional days at this level of care. The patient has made significant progress, as noted, and extenuating circumstances are not substantially documented to suggest an additional 10 days is necessary. Therefore, the requested 10 sessions of a chronic pain management program is neither reasonable nor necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- 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)