

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/1/2011
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management x 80 hrs 97799

QUALIFICATIONS OF THE REVIEWER:

Family Medicine
MD

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)

Chronic Pain Management x 80 hrs 97799 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax page dated 2/9/2011
2. Case assignment by, dated 2/9/2011
3. Fax page dated 2/9/2011
4. Review organization by Author unknown, dated 2/9/2011
5. Letter by dated 2/4/2011
6. Fax page dated 1/28/2011
7. Independent review organization by Author unknown, dated 1/28/2011
8. Letter by dated 11/15/2010
9. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who was injured on xx/xx/xx when he was unloading a truck containing equipment. He sustained a rotator cuff tear which was repaired on 12/22/08. He had a rotator cuff repair revision on surgery on 3/18/10. Twenty- four post operative therapy visits were approved. According to the information from Dr., physical therapy (PT) was not beneficial. stated that the injured worker is taking hydrocodone and Cymbalta and has developed a chronic pain state. The results of work capacity evaluation on 9/22/10 determined that he had good effort, was unable to perform dynamic testing, and was in the light PDL. His job requirements were in the heavy PDL. A behavioral evaluation on 9/22/10 diagnosed mild depression and anxiety, and provided a detailed recommendation for a pain management program. There were two letters from Dr. listing the injured worker's past treatment and

stating that a pain management program was necessary (dated 9/27/10 and 10/8/10), but these reports were prior to the first 80 hours of the pain management program. According to two peer review discussions between Dr. of the Pain and Recovery Clinic, this injured worker completed 80 hours of a pain management program between 10/17/10 and 11/18/10. Per his conversation with Dr. on 2/4/11, after completing the initial 80 hours of the pain management program, he was off hydrocodone, and his BDI was 10 (it was 11 prior to starting the program). According to his peer review discussion with Dr. on 11/15/2010, after completing the initial 80 hours of the pain management program he was still in the light PDL, so his physical abilities were unchanged and he did not make progress.

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

According to the information provided, 80 hours of a pain management program were provided between 10/17/10 and 11/18/10. However, there was no clinical information submitted by the treating facility to document subjective improvement and objective gains. According to two peer review discussions, the objective gains were minimal, and insufficient to continue the program. While the injured worker was able to discontinue hydrocodone, his physical demand level (PDL) was unchanged, and his Beck Depression Inventory (BDI) was essentially unchanged. The information is insufficient to substantiate continuation in an additional 80 hours of a chronic pain program. The Official Disability Guidelines state regarding chronic pain programs: "(10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis." Two weeks have been completed, and there is a lack of significant demonstrated efficacy.

Furthermore, the information came from a case discussion; not from records, since none were submitted. The guidelines recommend providing clear evidence of improvement to substantiate continuation in a pain management program. Therefore, the requested 80 hours of daily chronic pain management program is not appropriate for this injured worker. The recommendation is to uphold the previous denial.

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)