

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799 Chronic Pain Management Program x 80 Hours

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

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

Official Disability Guidelines and Treatment Guidelines, Pain Chapter
12/15/10, 1/11/10
M.D. 11/17/10 to 1/26/11
Physical Therapy Initial Evaluation 12/8/10
FCE 12/1/10
Mental Health Evaluation 12/8/10
ODG 7 pages no date
10/14/09 to 10/21/09
Pain and Wellness 10/22/09 to 7/20/10
Musculoskeletal Examination 10/12/10
Chiropractic 8/30/10 to 1/4/11
MRI 8/31/10
Rehab 2112, LLC 9/24/10 to 11/8/10

PATIENT CLINICAL HISTORY SUMMARY

This is a woman who reportedly injured her back on xx/xx/xx. Boxes fell on her back. Her examination 2 days post injury showed limited lumbar flexion with pain and local right SI and lumbar tenderness. There was no neurological loss or abnormal SLR. She was referred to therapy with little improvement. Her 10/22/09 note with Dr. is the first to describe any neck pain after boxes fell on her lumbar spine. This subsequently included thoracic pain. She had no radicular symptoms. The notes described an increase in the severity of the pain with activity and treatment. Dr., a chiropractor, requested MRIs. The lumbar MRI on 8/31/10 showed an L5 bulge and L2/3 disc desiccation. There was no evidence of any nerve root compression. She had an FCE and was found to be deconditioned. The psychological assessment describes multiple somatic complaints, depression, anxiety and job

dissatisfaction with a high pain level. Dr. had her in 20 sessions of work hardening program in September and October 2010. She failed to improve and Dr. wrote, "the patient is not an appropriate candidate to continue work hardening. The patient may be an appropriate candidate for Chronic Pain Management." Dr. saw her from Pride and felt she would benefit. The psychological assessment showed significant anxiety and stress even in the absence of any elevation of the BDI. There is a comment of having had some additional work hardening elsewhere, but there is no documentation.

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

The ODG generally does not recommend having a patient entering a pain program after a work hardening program, but it does recognize that this is sometimes necessary under certain circumstances:

"(13) At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. A chronic pain program should not be considered a "stepping stone" after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated."

The descriptions of this patient largely concern psychological issues that were compounded into the deconditioning. This was evident in the PRIDE program. While her deconditioning may have been addressed in the work program, there was not any substantive psychological treatment. The patient does have dissatisfaction in her work -- this dissatisfaction is a negative factor and was reflected in the assessment. These negative factors would tend to deny additional treatment. Yet, the ODG cites the PRIDE program and the research done there in many of its citations. This patient has not yet had the appropriate and necessary psychological intervention to separate her suffering from the pain and deconditioning. The ODG recognizes that the reviewer may need to make variances according to the individual's needs. The guidelines are meant to be used to identify cases that are out of the norm, where questions may be asked, such as what makes them different.

"These publications are guidelines, not inflexible proscriptions, and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions and also help payors make reimbursement determinations, but they cannot take into account the uniqueness of each patient's clinical circumstances."

Based on the entirety of information presented in this case, the reviewer finds there is medical necessity for 97799 Chronic Pain Management Program x 80 Hours.

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 KNOWLEDGBASE

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)