

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799 Chronic Pain Management Program 4xwk x2.5wks (10 sessions)

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

MD, Board Certified in Physical Medicine & Rehabilitation and 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
Utilization review determinations dated 01/31/11, 02/16/11
Office visit note 01/17/11
Referral form 09/08/10
Behavioral evaluation dated 01/07/11
Follow up note dated 12/02/10
Physical performance evaluation dated 01/06/11
MRI cervical spine dated 05/11/10
Upper EMG/NCV dated 06/29/10
Office visit note dated 06/08/10
Clinic 1/7/11
Rehab Notes 1/6/10 to 2/1/11
Clinic 9/15/10 to 12/2/10
Imaging 5/11/10
M.D. 6/29/10
M.D., P.A. 6/8/10 to 7/6/10
Clinic 2/14/10
Patient Progress and Treatment Record 2/17/10, 2/26/10
Imaging 2/24/10
M.D., Ph.D. 3/9/10
MD, PA 4/28/10-9/15/10
Provider 5/23/10
MD 6/1/10
Clinic 6/9/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a XX year-old female whose date of injury is XX/XX/XX. On this date the

patient was working when she reached to turn an object with her left arm and felt a pop in her left shoulder and neck. MRI of the cervical spine dated 05/11/10 revealed annular tear at C5-6, suspected at C2-3 and C3-4; 1.5 mm broad based disc protrusion C5-6 with approach out contact of the ventral aspect of the cord; mild right neural foraminal narrowing; mild central canal narrowing; central disc herniations C2-3 through C4-5 without significant neural foraminal or central canal narrowing. EMG/NCV dated 06/29/10 revealed C5, C6 and C7 radiculopathy with acute changes in the C6 and C7 distributions with left side predominating. There is also a mixed sensory/motor polyneuropathy.

Office visit note dated 06/08/10 indicates that the patient has failed conservative treatment to include exercise program, medications and epidural steroid injections. Note dated 11/10/10 indicates that the patient reports she has had 8 sessions of passive therapy, and she is unable to perform home exercise program secondary to pain.

Physical performance evaluation was performed on 01/06/11 to establish baseline levels of functioning. Current PDL is light and required PDL is heavy. Psychological evaluation dated 01/07/11 indicates that current medications include Tramadol 50 mg and Soma 60 mg. BAI is 15 and BDI is 18. Diagnosis is pain disorder associated with both behavioral factors and a general medical condition.

The provider's request for 10 sessions of chronic pain management program was non-certified on 01/31/11 noting that the patient has not attempted to reduce her medication use and she has not attempted to return to work despite still having her job. The denial was upheld on appeal dated 02/16/11 noting that a review of serial records reflects a convoluted and contrived pattern of excessive, unreasonable and unnecessary treatment and perpetual lost time without any attention to the actual alleged mechanism of injury or to any published evidence based guidelines. Extent of injury is reported as cervical and left shoulder strain/sprain which according to evidence based guidelines are self-limiting conditions and not conditions for which over XX months of lost time would be anticipated. Functional capacity evaluation is reported as invalid reflecting little effort and little to no blood pressure response even on those tasks that she voluntarily would not complete. There is no evidence that she is motivated to return to gainful employment.

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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program as per the ODG. The patient has completed 8 sessions of passive therapy and reportedly underwent epidural steroid injections; however, the patient's objective, functional response to this treatment is not documented. The patient's functional capacity evaluation is invalid as it reflects little effort on the part of the patient as well as minimal blood pressure response. Given the clinical data presented, the requested 97799 Chronic Pain Management Program 4xwk x2.5wks (10 sessions) is not found to be medically necessary by this reviewer.

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 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)