

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program x10 sessions

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
Board Certified in Electrodiagnostic Medicine

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

2/14/11, 2/21/11

Healthcare 11/25/09 to 2/9/11

Counseling Services 1/28/11

M.D. 5/4/10

M.D., P.A. 11/22/10

Radiologics 12/19/09

Preferred Open MRI 12/16/09

ODG: Criteria for the general use of multidisciplinary pain management programs

PATIENT CLINICAL HISTORY SUMMARY

This is a man reportedly injured on xx/xx/xx with a fall at work. He developed back pain. He reportedly had a prior L5/S1 fusion in 2005 or L4/5 in 1998. There are conflicting notes. He complained of local back pain and the pain drawing (11/23/09) showed the pain to the right buttock. He currently complains of back pain with right foot numbness. His x-ray showed a grade I retrolithesis at L5/S1. He had an MRI on 12/6/09 that showed an L5/S1 disc bulge abutting the S1 roots bilateral with severe right and moderate left lateral stenosis from facet hypertrophy. His EMG failed to show any radiculopathy. He did not improve with an ESI or with therapy. He is on Xodol and Ultram. An FCE on 2/8/11 did not specify his PDL and how that compares to his work. Dr. feels that a pain program would reduce his hydrocodone use over 10-24 days. Ms. noted he had received counseling and improved his depression from anxiety. He still has a high fear quotient. A review board felt that the radiological findings are not related to the current injury. The goal of the pain program is to reduce the need for medications and improve coping skills.

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

The patient has chronic pain. The question is what other treatments can be offered and is the pain program contraindicated. The notes in the case show there are not any major contraindications for this patient. There are limited treatment options. The Texas Medical Board rule 170 encourages any treatment program appropriate to reduce the use of controlled substances. This patient was not using the pain medications before his fall on xx/x/xx. The ODG advises a 10-day trial session. While the patient's amount of anxiety and depression and fear avoidance remain high, this program may be the only means of helping him. The reviewer finds there is medical necessity for Chronic pain management program x10 sessions.

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)