SENT VIA EMAIL OR FAX ON
May/02/2011

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 hours of chronic pain management program

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Anesthesiologist/Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient's fingers were crushed. The patient is status post right index finger ray resection, resection of ulnar digital nerve neuroma and radial digital nerve neuroma, and transfer of the radial digital nerve to the second and first dorsal interossei muscle on 02/04/10. Designated doctor evaluation dated 07/07/10 indicates that the patient underwent an open reduction without fixation and had subsequent therapy and returned to work. The patient was previously placed at MMI as of 09/15/06 with 9% impairment and as of 05/07/08 with 14% impairment. . The patient subsequently underwent partial amputation of the right index finger in December 2007. The patient underwent spinal cord stimulator implantation in June 2009 with subsequent removal later in 2009. The patient underwent CPMP in 2009 with minimal progress. The designated doctor notes that there is no indication for further medical treatment at this time, and the patient should be released to regular work. PPE dated 10/28/10 indicates that required PDL is medium and current PDL is sedentary. Psychological evaluation dated 10/28/10 indicates that treatment to date includes physical therapy and surgical intervention. BDI is 50 and BAI is 60. The patient subsequently completed 10 sessions of chronic pain management program. Progress note dated 02/03/11 indicates that PDL is sedentary. BDI is 33 and BAI is 34. The handwritten portions of this note are illegible.

Initial request for 80 hours chronic pain management program was non-certified on 02/09/11 noting that the patient underwent previous CPMP in 2009 and pain scores showed little

change. As per guidelines, neither re-enrollment in or repetition of the same or similar program is warranted for the same condition or injury. There is limited documentation of failed conservative management with no phys progress notes submitted for review. The denial was upheld on appeal on 03/14/11 noting that there has only been a one-pound increase in lifting, and there is no data to show she has increased function and use of the involved hand. Original mental health evaluation indicates that she has no plans to return to work at all.

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

Based on the clinical information provided, the request for 80 hours of chronic pain management program is not recommended as medically necessary. The patient underwent previous chronic pain management program in 2009 with limited progress. The patient's date of injury is approximately x years old, and the patient has no plans to return to work at all. The patient has recently completed 10 sessions of chronic pain management; however, the patient has not made significant progress. Physical demand level remains at sedentary, and there has only been a one-pound increase in lifting. Beck scales have improved; however, the validity of the original Beck scales is questionable as they are exceedingly elevated (BDI-50, BAI-60). Given that the patient has completed a previous chronic pain management program, the date of injury is greater than 24 months old, and the patient has not made significant progress in the initial 10 sessions of the most recent chronic pain management program, the request for 80 hours of chronic pain management program is not indicated as medically necessary, and the two previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES