

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program CPT code #97799 (4 hour session for 1 session a month for 6 months)

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

MD, Board Certified Physical Medicine and 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 determination dated 02/09/11, 03/03/11, 12/31/10, 10/20/10
Appeal letter dated 03/01/11
Request for preauthorization dated 01/25/11
Behavioral medicine evaluation dated 01/11/11
Physical assessment evaluation and treatment plan dated 01/27/11
Functional capacity evaluation dated 01/25/11, 09/10/10
Operative report dated 01/27/10
Reference material regarding CPMP
EMG/NCV dated 11/23/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting a 60 lb pallet when he developed an injury to his right upper extremity. The patient underwent right carpal tunnel release with decompression and internal neurolysis, median nerve right hand and wrist; synovectomy; decompression of ulnar nerve and internal neurolysis ulnar nerve on 01/27/10. The patient subsequently completed 20 sessions of chronic pain management program in 2010 (completed in December). Behavioral medicine evaluation dated 01/11/11 indicates that the patient reported the chronic pain management program "helped a lot but my mood still goes up and down". The patient was able to decrease reliance on narcotic medication, decreased emotional symptoms per self report, increase activity levels and improve PDL. Current medications include Hydrocodone, Zanaflex and Prozac. BDI is 21 and BAI is 17. Diagnoses are major depressive disorder, moderate, single episode; and pain disorder associated with both psychological factors and a general medical condition. Functional capacity evaluation dated 01/25/11 indicates that current PDL is light. Request for preauthorization dated 01/25/11 indicates that the patient has been recommended for chronic pain management aftercare program at a frequency of 1 time per month and duration of 4 hours per session, consisting of 24 hours of overall treatment, over a period of 6 months. Initial request was non-certified on 02/09/11 noting that the patient has

not made significant progress with chronic pain management to date and it is unclear how the patient would be able to reach any established goals with infrequent therapy as requested. The denial was upheld on appeal dated 03/03/11 noting that the patient has undergone an extensive amount of chronic pain management that has not facilitated a return to work. The patient's Beck scales continue to be significantly elevated and no significant improvement in the patient's functional capacity was demonstrated.

As the patient's required PDL is heavy, it is unclear how intermittent pain management one time a month will allow the patient to further reach a heavy physical demand level.

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

The reviewer finds there is not medical necessity for Chronic pain management program CPT code #97799 (4 hour session for 1 session a month for 6 months). The patient underwent 20 sessions of chronic pain management program in 2010 without significant improvement. The patient's physical demand level remains at light and required PDL is heavy. The patient's Beck scales remain elevated. As stated by the previous reviewers, it is unclear how the patient would be able to reach any established goals with infrequent chronic pain management sessions as requested. Given the current clinical data, the request for Chronic pain management program CPT code #97799 (4 hour session for 1 session a month for 6 months) is not medically necessary.

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)