Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/18/2011
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
97799 Addtl. Chronic Pain Management Program 5xwk x2wks; 80 units

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD. Board Certified in Anesthesiology and 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
ODG: Pain Chapter
Utilization review determination dated 03/30/11
Utilization review determination dated 04/21/11
Request for medical dispute resolution dated 05/02/11
Progress summary dated 03/16/11
Treatment plan undated
Records Dr., D.C., D.C., 2007-2011
Initial interview chronic pain management dated 06/04/10
Functional capacity evaluation dated 09/24/10
Chronic pain management treatment records, 2010-2011
Individual psychotherapy treatment records, 2011

PATIENT CLINICAL HISTORY SUMMARY
The injured employee initially sustained an injury to her right knee. She was noted to have bilateral posterior horn medial meniscal tear. She was taken to surgery on 06/22/09 and underwent right knee arthroscopy with partial medial meniscectomy, chondroplasty, synovectomy, and mosaicplasty. Postoperatively the claimant underwent an extensive course of conservative treatment with continued levels of pain. She was ultimately referred for chronic pain management, which was initially approved. Clinical records indicate the injured employee made little overall progress with this program. She was initially approved for 10 sessions with subsequent request for 10 additional sessions.

On 03/30/11 the request was reviewed by Ph.D. Dr. notes the injured employee completed 12 sessions of chronic pain management program and made little overall progress to date. Her pain level reported decreased from 8 to 7/10. Her current medications include only Ibuprofen. Her BDI decreased by only 4 points and BAI by 1 point. She began the program at light medium physical demand level and was reportedly increased to medium physical demand level. She notes no physical data was available. She has required physical demand level of heavy. She notes that given the claimant has made minimal progress overall, the request is not reasonable or necessary per the current evidence based guidelines. She specifically notes treatment is not suggested for longer than 2 weeks without evidence of

compliance and significant demonstrated efficacy as documented by subjective and objective gains. A subsequent appeal request was submitted for review on 04/21/11. At this time Dr. reviewed the request and notes the designated doctor limited extent of injury to bilateral knee osteoarthritis with no RSD.

She notes evidence based treatment of knee osteoarthritis would not include tertiary chronic pain management program as it is ordinary disease of life. She notes she reviewed the reconsideration letter dated 04/14/11 and indicates there are many references referring to the claimant as he or him. Dr. finds that there has been exhaustive excessive treatment, which has included individual psychotherapy and work hardening, and now chronic pain management program with little evidence of change in her status. She further notes that serial program participation is generally not supported nor should treatment be continued under same providers and same facilities, absent demonstrated measurable evidence of functional improvement, and motivation toward release to return to work.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The records indicate the employee sustained an injury to her knee, which ultimately resulted in surgery. Postoperatively the claimant developed chronic pain syndrome and has been treated with oral medications, physical therapy, individual psychotherapy, work hardening and 10 sessions of chronic pain management which has failed to result in any significant improvement in claimant's BAI, BDI or functional levels. It is noted the claimant requires heavy physical demand level and clearly would not be able to meet this demand level with 2 additional weeks of chronic pain management. It is further noted the claimant is not on any narcotic medications and would not require weaning or adjustment of these medications. Therefore, medical necessity for additional CPMP visits has not been established in accordance with the Official Disability Guidelines. The reviewer finds there is no medical necessity for 97799 Addtl. Chronic Pain Management Program 5xwk x2wks; 80 units.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)