

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 10 Sessions

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 03/09/11, 03/22/11

Request for services dated 03/03/11, 01/28/11

Physical performance evaluation dated 02/15/11

Initial consultation dated 09/07/10

Initial interview dated 09/23/10

History and physical examination dated 11/04/10

MRI lumbar spine dated 10/13/10

Operative note dated 11/30/10

Follow up note dated 12/16/10, 12/29/10, 12/23/10

Patient reevaluation dated 10/12/10

Functional capacity evaluation dated 12/22/10, 01/26/11

Progress summary dated 01/27/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient was ascending a hill at a slow rate of speed when he was struck from the rear at a high rate of speed by a minivan. The driver of the minivan was decapitated and killed instantly. The patient complained of neck and low back pain. Psychological evaluation dated 09/23/10 indicates that treatment to date includes diagnostic testing, physical therapy, pain injections, TENS unit and medication management. BDI is 16 and BAI is 15. Diagnoses are adjustment disorder with mixed anxiety and depressed mood, and pain disorder with both psychological factors and a general medical condition, acute. MRI of the lumbar spine dated 10/13/10 revealed disc pathology at L3-4, L4-5 and L5-S1. The patient underwent lumbar epidural steroid injection on 11/30/10, and the patient noted fairly dramatic improvement. Functional capacity evaluation dated 12/22/10 indicates that the patient's current PDL is light and required PDL is heavy. Psychological evaluation dated 12/23/10 indicates that the patient has completed a course of IPT. BDI remains 16 and BAI 15. The patient subsequently completed 20 sessions of a work hardening program. Functional capacity evaluation dated

01/26/11 indicates that current PDL is medium. Progress summary dated 01/27/11 indicates that BDI is 14 and BAI is 15. Physical performance evaluation dated 02/15/11 indicates that current PDL is medium. Reevaluation dated 03/03/11 indicates that BDI is 8 and BAI is 6. Initial request for chronic pain management program 10 sessions was non-certified on 03/09/11 noting that the patient has made progress with individual psychotherapy and work hardening, and it is expected that the claimant would be independent with a program for pain management.

The denial was upheld on appeal dated 03/22/11 noting that the patient is essentially within the normal range on all psychological measures, increased his PDL to medium through work hardening, is taking no narcotic medications and has not attempted to return to work in any capacity.

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

Based on the clinical information provided, the reviewer finds chronic pain management program 10 sessions is not medically necessary. The patient has recently completed 20 sessions of work hardening as well as a course of individual psychotherapy. The patient's physical demand level improved to medium, and Beck scales are now within normal range. The patient is not taking any narcotic medications. Current evidence based guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program including work hardening, and do not recommend chronic pain management programs be used as a stepping stone after less intensive programs.

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)