

# Wren Systems

An Independent Review Organization  
3112 Windsor Road #A Suite 376  
Austin, TX 78703  
Phone: (512) 553-0533  
Fax: (207) 470-1064  
Email: manager@wrensystems.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/20/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic pain management 2 x 5 bilateral wrists 97799

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

MD, Board Certified Anesthesiologist/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**

ODG Pain chapter, Criteria for the general use of multidisciplinary pain management programs

Utilization review determination dated 03/21/11, 03/07/11

Request for medical dispute resolution dated 04/05/11

Reassessment interview dated 02/25/11

Physical performance evaluation dated 01/25/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female. She reported a repetitive movement injury to the bilateral wrists secondary to her duties as an. Physical performance evaluation dated 01/25/11 indicates that the patient's level of depression and anxiety makes it difficult for lasting improvement to take place due to a lack of effective coping strategies demonstrated by the patient. The patient was recommended to continue with chronic pain management program. Treatment to date is noted to include diagnostic testing, medication management, injection therapy, and left wrist first dorsal compartment release and tenosynovectomy of extensor pollicis brevis and abductor pollicis longus in May 2010. The patient was placed at MMI by a designated doctor as of 10/06/10 with 0% impairment rating. The patient's required PDL is medium to heavy and current PDL is sedentary light. Reassessment interview dated 02/25/11 indicates that medications include Ibuprofen, Ketoprofen cream, and Ultram. The patient reports that on 12/23/10 she took an "accidental" overdose of her prescribed pain medications and was later taken to the hospital. The patient described a suicide attempt approximately 30 years ago. BDI is 28 and BAI is 20. Diagnoses are acute adjustment disorder with mixed anxiety and depressed mood; pain disorder with both psychological factors and a general medical condition.

The initial request for chronic pain management 2 x 5 was non-certified on 03/07/11 noting

that the mental health evaluation is inadequate as an evaluation for admission to a comprehensive pain rehabilitation program, and the employed psychometric assessments are inadequate to support the diagnosis or explicate the clinical problems, to assist in ruling out other conditions which may explain the symptoms, and to help design and predict response to treatment. There is no documentation that the patient's treating physician has ruled out all other appropriate care for the chronic pain problem. The denial was upheld on appeal dated 03/21/11 noting that the patient was authorized for 10 visits of work conditioning; however, there is no evidence of progress or objective functional improvements from the program already provided. ODG does not support using a chronic pain program as a stepping-stone after a less intensive program.

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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The submitted psychological evaluation indicates that the patient recently "accidentally" overdosed on her pain medication and has a history of previous suicide attempt. There is no indication that the patient has undergone a course of individual psychotherapy, has undergone psychometric testing with validity measures or been placed on psychotropic medications. The patient underwent a work-conditioning program; however, there is no comprehensive assessment of the patient's objective, functional response to that program. The Official Disability Guidelines do not support using a chronic pain program as a stepping-stone after a less intensive program. Given the clinical data available for this review, the reviewer finds Chronic pain management 2 x 5 bilateral wrists 97799 is not medically necessary at this time.

**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)