

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: May/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain mgmt program 10 visits (97799)

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

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
4/5/11, 4/26/11
3/29/11-4/19/11
PPE 2/3/11
PhD 4/4/11
4/25/11
Evaluation 12/3/10-12/6/10
MD 9/22/10

PATIENT CLINICAL HISTORY SUMMARY

This is a injured on xx/xx/xx. He apparently was hit in the head by a crane or cables. There was no loss of consciousness. He was able to work with headache and neck and right arm pain for 2 weeks. Dr. and Dr. stated he was at MMI with a 0% impairment after treatment for cervical strain and cerebral contusion. His symptoms continued. Dr. described a significant amount of depression and problems with coping and compensating for the pain. He has a limited education and has been a physical laborer. The FCE report described electrodiagnostic studies of bilateral C5-C8 radiculopathy, although his symptoms were not in the extremity. The actual EMG report was not provided. The diagnostic studies were quoted as showing the cervical MRI demonstrating multiple disc herniations with spinal stenosis and a possible partial rotator cuff tear. None of these needed surgery and there was a discussion about a cervical ESI. Dr. wrote that he needed to be in a pain clinic because all other treatments had been exhausted and he had a BDI of 25 and BAI of 9. His FCE showed him to be at a light PDL when his job needed a heavy or more PDL.

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

The patient has chronic pain. The comments of the MRI show what appears to be a long-standing and chronic condition. The EMG reportedly showed acute problems. The DD feels the condition is not from a radiculopathy. By definition, a radiculopathy includes dermatomal pain patterns. I could not determine their presence from the records provided. The two impairment ratings did not contain any radiculopathy rating. There is chronic neck pain and post-traumatic headaches. The goals provided target the patient returning to a physically demanding job, yet there are degenerative changes on the MRI.

Dr. described coping problems and depression without evidence of drug use, symptom magnification or suggestions of secondary gain. Neither Dr. nor Dr. commented about any excessive symptoms manifestation. It is unclear if the patient will be able to return to his prior physically demanding job. Records state he lacks the educational training for an alternative job, however. In order for this patient to return to his gainful employment it would necessitate improved coping skills and maximizing his residual function. The 10-session trial in the pain program would be considered medically necessary under this circumstance. The guidelines are satisfied. He is not a surgical candidate. ESIs have some, but limited benefits. There are no other treatment options. His impairment rating would not change with or without treatment. The pain program is intended as a last option for functional and symptomatic improvement (not a cure) and a chance at regaining employment. For these reasons, the reviewer finds there is a medical necessity for Chronic pain mgmt program 10 visits (97799).

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)