

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 additional chronic pain management sessions over 2 weeks

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

M.D., Board Certified Physical Medicine and Rehabilitation.

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

The Official Disability Guidelines
Utilization review determination dated 08/19/11, 10/19/11, 09/09/11
Letter dated 10/20/11
Request for 10 additional days of CPMP dated 07/19/11, 08/16/11
PPE dated 06/29/11, 04/20/11, 08/03/11
Individual psychotherapy note dated 06/13/11
Chronic pain management daily progress note dated 06/29/11, 07/05/11, 06/28/11
Follow up note dated 07/26/11
Doctor's written order form dated 06/26/11
Reassessment for CPMP continuation dated 06/30/11, 08/05/11
Reconsideration request dated 08/16/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. The patient states that he injured his left arm, lumbar spine and left foot as the result of a 30-foot fall. Treatment to date includes surgery to the left wrist in 12/2008 and 08/2009, surgery to the left foot in 11/2009 and 05/2010 and surgery to the left arm in 12/2009. PPE dated 04/20/11 indicates that current PDL is sedentary. PPE dated 06/29/11 indicates that current PDL is sedentary. CPMP request dated 07/19/11 indicates that the patient has completed 10 sessions of the program. PPE dated 08/03/11 indicates that current PDL is sedentary. Note dated 08/16/11 indicates that the patient has been approved for 20 days of chronic pain management program. Pain remains unchanged at 9/10. Anxiety decreased from 10/10 to 9/10 and depression remained 10/10. FABQ-W remained 42 and FABQ-PA remained 24. BDI increased from 36 to 37.

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

The patient has completed 20 sessions of chronic pain management program to date with limited improvement. Pain remains unchanged at 9/10. Anxiety decreased from 10/10 to 9/10 and depression remained 10/10. FABQ-W remained 42 and FABQ-PA remained 24.

BDI increased from 36 to 37. The patient's physical demand level remains unchanged at sedentary. The Official Disability Guidelines note that treatment duration should generally not exceed 20 full day sessions of a chronic pain management program. Given the lack of documented progress in the program to date as well as the excessive nature of the request, the requested 10 additional chronic pain management sessions over 2 weeks is not found by the reviewer to be 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)