I-Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
multidisciplinary chronic pain management (#97799-CP) aftercare program at a frequency of 1 time per month and duration of 4 hours per session recommended duration of 6 months

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG
08/05/11, 08/30/11
Letter dated 10/17/11
Request for preauthorization dated 07/29/11, 07/14/10
Behavioral medicine evaluation dated 07/12/11, 06/24/10, 11/19/09, 08/31/09, 06/22/09
Physical assessment evaluation and treatment plan dated 06/23/11, 10/25/10
Chronic pain management physical therapy goals dated 07/29/11, 07/19/10
Functional capacity evaluation dated 07/21/11
Request for review by an IRO dated 10/13/11
Appeal letter dated 08/25/11
Radiographic report dated 04/15/09
Cervical, pelvic, lumbar, sacroiliac scans dated 08/24/10
Chronic pain management program progress notes dated 11/17/10, 12/23/10, 11/18/10, 11/11/10, 11/09/10, 09/30/10, 09/17/10, 09/14/10, 09/13/10, 09/10/10, 09/03/10, 09/01/10, 08/27/10, 08/25/10, 08/06/10, 08/04/10, 01/07/11, 12/22/10, 12/20/10, 12/07/10, 12/21/10, 01/04/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xx. She was lifting a gas turbine and it slipped out of her hands. She had carpal tunnel release surgery on 05/08/09; tenosynovectomy, tenolysis and synovectomy of the dorsal radial aspect of the right wrist on 12/16/09; diagnostic testing, physical therapy, medication management, injection therapy, individual psychotherapy and chronic pain management program. Functional capacity evaluation dated 07/21/11 indicates that current PDL is sedentary. Behavioral medicine evaluation dated 07/12/11 indicates that the patient underwent 20 sessions of CPMP that

were completed in 2011. Pain level decreased from 8 to 6/10. The patient then decreased medication intake. The patient's PDL increased from sedentary to light with a goal of medium/heavy PDL. The patient's therapist indicated that due to persistent pain despite otherwise good progress in the program, the patient appeared likely to benefit from aftercare sessions. Current medication is Hydrocodone 10/500 at hs prn. BDI is 44 and BAI is 37. Diagnoses are major depressive disorder, single episode, moderate; and pain disorder associated with both psychological factors and a general medical condition.

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

This patient underwent 20 sessions of chronic pain management program without significant benefit. Current PDL is light. The patient presents with exceedingly high Beck scales, and there is no indication that the patient has undergone recent psychometric testing with validity measures to assess the validity of the patient's subjective complaints. The patient has been diagnosed with major depressive disorder; however, the patient is not currently taking any psychotropic medications according to the records. After a review of the clinical records, the reviewer finds there is a medical necessity for multidisciplinary chronic pain management (#97799-CP) aftercare program at a frequency of 1 time per month and duration of 4 hours per session recommended duration of 6 months.

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)