

MAXIMUS Federal Services, Inc.
4000 IH 35 South, (8th Floor) 850Q
Austin, TX 78704
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

Notice of Independent Review Decision

Reviewer's Report

DATE OF REVIEW: September 29, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of chronic pain program – 8 hours (5 x wk x 2 wks).

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

M.D., Board Certified in 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)

The requested service, 10 sessions of chronic pain program – 8 hours (5 x wk x 2 wks), is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained a work injury on xx/xx/xx when she twisted her right wrist. The patient was diagnosed with right wrist tenosynovitis; wrist sprain, unspecified site; and wrist pain. The patient was treated with work restrictions, anti-inflammatory medications and underwent physical therapy and was provided an individualized exercise program. After conservative treatment failed, she underwent surgery for De Quervain's syndrome on 4/5/11. On follow-up, the patient's hand surgeon noted the patient was four months status post right 1st dorsal compartment release. The surgeon indicated the patient continued to have pain in her right upper extremity, the volar and dorsal forearm and most recently in the palmar proximal hand. The surgeon assessed the patient with chronic tendinitis of the right upper extremity and did not

recommend further surgery. Post-operatively, the patient participated in physical therapy programs including work hardening in which she made some progress but did not recover to the point that she could return to her prior physical demand level needed for her job. Authorization has been requested for 10 sessions of chronic pain program – 8 hours (5 x wk x 2 wks).

The URA indicated the patient did not meet Official Disability Guidelines (ODG) criteria for a chronic pain program. Specifically, the URA's initial denial stated that given documentation of progression from light to moderate lifting in a work hardening program with recommendation to continue the work hardening program, there is no clear documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. On appeal, the URA indicated the psychological exam was performed prior to the work hardening program and there is no documentation from the psychological evaluation recommending the chronic pain program. Additional records of a psychological evaluation on 8/23/11 accompanied the current appeal and it recommends the patient undergo a chronic pain program.

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

Review of the submitted documentation demonstrates that the patient meets ODG criteria for 10 sessions of chronic pain program – 8 hours (5 x wk x 2 wks). According to ODG criteria, requirements for chronic pain program include a complete diagnostic assessment, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain, and negative predictors of completion of the programs have been addressed and ruled out. The URA's most recent denial was based on the

lack of a psychological evaluation following the patient's work hardening program. The patient has since undergone a psychological evaluation which assessed her with chronic pain syndrome and inadequate coping skills to manage emotional stress related to changes stemming from a work-related injury. The evaluator recommended the patient participate in a chronic pain program. All told, the patient meets ODG criteria to participate in a chronic pain program and the requested service is medically necessary for treatment of her medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)