

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: October 11, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of chronic pain management: 2 times a week for five weeks. CPT Code: 97799.

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

GENERAL AND FORENSIC PSYCHIATRIST
BOARD CERTIFIED BY THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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

PATIENT CLINICAL HISTORY:

The requested services are for review of ten sessions of a chronic pain management program. The review outcome is overturned.

The patient injured his back on xx-xx-xx.

There are only two treatment records submitted for review; one is a comprehensive functional capacity evaluation accomplished on August 4, 2011, which indicates the patient is in the light/medium functional capacity range after his sessions of the chronic pain management program so far.

According to the insurance reviewer notes, there was a prior functional capacity evaluation accomplished in January of 2010 and intervening time has shown some decrease in the lumbar spine range of motion in all planes compared to the prior measurements. The other areas of functional capacity measured by the examination were not commented on by the reviewer.

There is a mental health request titled "Progress Summary" requesting ten additional sessions of chronic pain management program which documents subjective and objective improvement in the patient's level of functioning and coping with his pain. The patient's Beck Depression Inventory score has gone down. The patient's Beck Anxiety Inventory score has gone down. The patient is reportedly using his pain medications less frequently. The summary documents other techniques the patient is using or learning to use to deal with his pain and improve his functionality. There is an additional ten sessions being requested.

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

The carrier's reviewers cite a number of issues in their denial, such as lack of preprogramming individual counseling or antidepressants, the lack of change in the lumbar spine range of motion over the seven-month interval between the first testing and second testing, and the lack of efforts to return the patient to work. All of these seem to be concerns that likely should have been addressed prior to authorizing the chronic pain management program. It appears based on the treatment notes that the patient is making progress both subjectively and objectively in the pain management program, and per the ODG Criteria #10, treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain. However, it is also not suggested that a continuous course of treatment be interrupted at two weeks fully to document these gains if there are preliminary indications that they are being made on a concurrent basis. A completion of the program is recommended with an additional ten sessions of the chronic pain management program.

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