

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sept/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management five times a week for two weeks (80 hours) 97799

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

MD, Board Certified Physical Medicine and Rehabilitation and Pain Management

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 and Treatment Guidelines
Notification of determination 07/22/11 regarding non-certification chronic pain management
Reconsideration of medical determination 08/17/11 regarding non-certification appeal chronic pain management
Clinic records Pain and Recovery Clinic including pre-authorization requests, requests for reconsideration, progress summary, behavioral evaluation report and work capacity evaluation, 5/27/11-9/7/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xx. The records indicate she was injured when she slipped and fell. She apparently has undergone surgical intervention to her right hand and to the jaw area. She began attending a chronic pain management program on 06/23/11. A progress report indicated that she had made minimal improvement in Beck depression scores from 29 over 63 on 05/27/11 to 25 over 63 on 07/18/11. There was also minimal improvement in Beck anxiety scores from 27 over 63 on 05/27/11 to 24 over 63 on 07/18/11. There was no assessment of improvements in functional levels as no updated functional capacity evaluation was performed. A request for 10 additional sessions of chronic pain management five times a week times two weeks was reviewed on 07/22/11 and denied. It was noted that the injured employee has been attending chronic pain management sessions since 06/23/11 and continues to progress towards goals and ability to improve in activities of daily living. The request for additional 10 sessions was noted as to award the injured employee the opportunity to build a realistic program, which will enable her to make a successful transition to a higher level of functioning. The records submitted did not provide a clinical assessment by the requesting provider after the chronic pain management program sessions rendered to date. Moreover the individual therapy progress reports documenting the injured employee's response to individual sessions rendered was not provided. There also was no documentation of a functional capacity evaluation after the completed sessions documenting improvement in physical demand level. Dr. states the injured employee is not on narcotic medications but is on Ultram. He did not relate plans for

medication extinction. A reconsideration/appeal request for additional chronic pain management five times a week times two weeks was reviewed on 08/17/11 and again denied. It was noted that the injured employee has been participating in the chronic pain management program since 06/23/11 and demonstrated progress, achieving lower levels of depression and anxiety as well as pain levels, with less medication use and less avoidance behavior and isolation. BDI and BAI scores decreased from 29 to 25 and 27 to 24 respectively. Pain level decreased from 8/10 to 6/10 on pain scale. It is stated that the injured employee is using less pain medication, but the specific dosage and frequency of medication is not documented. Individual therapy progress reports documenting response to individual sessions was not provided. Repeat functional capacity evaluation after completing initial sessions was not included in the records for review to document improvement if any in physical demand level. There also was no post-program treatment with defined goals and planned duration. Peer to peer discussion with Dr. took place, and he states height and weight are unclear. It was noted this is of central importance for multiple reasons. Medications were Ultram and Flexeril which she was able to decrease from two to one per day. Dr. thinks she probably does not need heavy physical demand level for her work as housekeeper. It was noted that BDI and BAI had minimal change after the first round of CPMP. Dr. was to attempt to see the injured employee in follow up and perform functional capacity evaluation to objective document gains to date.

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

This injured employee sustained an injury on xx/xx/xx secondary to a slip and fall. She participated in chronic pain management program commencing on 06/23/11. Records reflect only minimal improvement in depression and anxiety levels. There is no assessment of improvement in physical demand level as no interim functional capacity evaluation was completed. Per Official Disability Guidelines, treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. As previously noted the documentation reflects only minimal improvement in depression and anxiety levels, and there is no documentation of improvement in physical demand level. As such, this request for Chronic Pain Management five times a week for two weeks (80 hours) 97799 is not supported as medically necessary, and previous denials should be upheld.

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)