

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program, five times a week for two 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

ODG Pain Chapter Criteria for the general use of multidisciplinary pain management programs

Utilization reviews, 08/01/11, 08/26/11

Functional capacity evaluation, 04/28/11

PPE 06/15/11, 07/13/11

Psychological evaluation 05/04/11

Handwritten note 05/16/11, 04/28/11

Precertification request 07/18/11

Office visit note 06/30/11

Chronic pain management program progress notes, 07/12/11, 06/28/11, 06/30/11, 07/05/11, 07/08/11

Request for an appeal, 08/17/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is XX/XX/XX. She was lifting boxes of quarters in the vault and felt a pop with dislocated shoulder and collarbones. She had left shoulder rotator cuff repair and acromioplasty on 12/27/10, injection x 2, TENS unit, massage therapy, individual psychotherapy, diagnostic testing, physical therapy, and medication management. FCE of 04/28/11 indicates that PDL is sub-sedentary. Psychological evaluation dated 05/04/11 indicates that the patient is not currently working but expresses a desire to return to work. Medications include Hydrocodone, Flexeril, Celebrex, Ambien and Cymbalta. BDI is 24 and BAI is 25. PPE dated 06/15/11 indicates that the patient had recently completed 10 sessions of chronic pain management program. Current PDL is sedentary to sedentary-light. A chronic pain management program progress note dated 07/12/11 indicates that the patient has completed 20 sessions of the program. BDI has decreased to 21 and BAI to 14. GAF increased from 48 to 50. Endurance is unchanged. PPE dated 07/13/11 indicates that current PDL is sedentary-light to light.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The Official Disability Guidelines state that treatment duration in a CPMP should generally not exceed 20 full day sessions of the program. There is no clear rationale provided to support exceeding this recommendation in this patient's case. There has not been significant improvement -- GAF increased from 48 to 50. PDL only slightly improved to sedentary-light to light. Beck scales did not improve significantly. The patient presents with an unrelated heart condition, which limits her ability to participate in the program. There is no medical necessity for Chronic Pain Management Program, five times a week for two weeks.

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)