

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program 10 final days 97799

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

M.D., Board Certified Family Practice

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
Utilization review determination dated 08/25/11, 09/26/11
Request for 10 final days of CPMP dated 08/22/11
Reconsideration request dated 09/19/11
Patient face sheet dated 03/22/11
Functional capacity evaluation dated 08/15/11
Assessment/evaluation for chronic pain management program dated 08/19/11
Follow up note dated 08/01/11
Operative report dated 02/03/10, 09/20/10
Right shoulder arthrogram dated 05/18/09
Post arthrogram MRI of right shoulder dated 05/20/09
MRI left shoulder dated 08/06/10
MD, 8/5/10-8/29/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. She is status post manipulation under anesthesia of the right shoulder with arthroscopic subacromial decompression on 02/03/10 followed by left shoulder arthroscopic acromioplasty and distal clavicle resection on 09/20/10. Follow up note dated 08/01/11 says she has completed 22 of 30 days of chronic pain management program. Functional capacity evaluation dated 08/15/11 has current PDL as light and required PDL is heavy. BDI has improved from 23 to 20 as of 8/19/11 evaluation. FABQ-W remains 42 and FABQ-PA decreased from 22 to 15. The request for 10 final days of CPMP dated 08/22/11 says that this patient has also attended 6 individual psychotherapy sessions and 10 days of work hardening. Pain remains the same at 7/10. Irritability decreased from 2/10 to 1/10; frustration 3/10 to 2/10 and depression from 6/10 to 5/10. Anxiety remains 1/10 and sleep disturbance remains 7/10. Tension increased from 2/10 to 3/10. On 08/25/11 and on 09/26/11, the provider's request for 10 additional sessions of CPMP was denied.

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

The reviewer finds no medical necessity for Chronic pain management program 10 final days 97799. This 55-year-old injured worker has completed at least 20 sessions of chronic pain management program to date. The Official Disability Guidelines note that total treatment duration should generally not exceed 20 full-day (160 hours) sessions. The patient has not made significant gains in the program to establish efficacy of treatment and support exceeding ODG recommendations. Her physical demand level remains at light despite 20 sessions of chronic pain management. BDI has only slightly improved. FABQ-W remains 42 and FABQ-PA decreased from 22 to 15. Pain remains the same at 7/10. Oswestry Disability Index increased from 54% to 61%.

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)