

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program - initial 10 day trial 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, Pain Chapter, chronic pain programs
Review Med 09/13/11, 09/26/11
Reconsideration request 09/20/11
Assessment 07/19/11
Preauthorization request 09/09/11
Functional capacity evaluation 07/19/11
History and physical, 08/03/11
CPMP plan and goals of treatment 07/19/11
Psychological testing results, 08/16/11
Initial behavioral medicine consultation, 05/24/10
RME reports, 02/03/11, 09/30/10
Peer review, 12/10/10
Addendum, 06/21/10
Second opinion MRI cervical spine, 05/28/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. He was involved in a rollover accident. The patient was transported to Memorial Hospital, and no significant acute traumatic findings were noted. He has had treatment to include diagnostic testing, physical therapy and medication management. The patient was diagnosed with major depressive disorder on 05/24/10. RME dated 09/30/10 indicates that the patient is being seen by a psychologist. The accepted injuries were chest wall strain, thoracic, cervical and lumbar strain associated with thumb strain, shoulder abrasion, AC sprain and posterior rib contusion. Peer review dated 12/10/10 indicates that the patient does not have PTSD as a result of the accident, and the symptoms described in the records do not support a diagnosis of major depressive disorder. RME dated 02/03/11 indicates that the patient reached MMI as of this date and the patient was recommended to perform an active home exercise program. Functional capacity evaluation dated 07/19/11 indicates that the job description is not available. Current PDL is sedentary and required PDL is noted to be heavy. Assessment

dated 07/19/11 states that current BDI is 15. Psychological testing results dated 08/16/11 states that the patient failed a trial of work hardening. Current medication is listed as OTC Advil. MMPI profile is valid. Diagnosis is pain disorder associated with both psychological factors and general medical condition, chronic.

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

According to the records, this patient failed a trial of work hardening program. However, it is unclear when the patient participated in this program, nor are there any progress notes from the program submitted for review to establish the patient's objective, functional response to the program. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The submitted functional capacity evaluation notes that a specific job description was not available for review, and therefore, the patient's current PDL versus required PDL is unknown. In addition, this patient has been determined to have reached MMI and future treatment has been recommended to include only an active home exercise program. The reviewer finds that medical necessity does not exist at this time for Chronic Pain Management Program - initial 10 day trial 97799.

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)