

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management x 80 hours

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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a man whose date of injury is xx/xx/xxxx. He noted low back pain. He had lumbar microdiscectomy in December 2009. He has been treated with physical therapy, diagnostic testing, individual psychotherapy, work hardening x 10 and medication management. Assessment dated 06/01/11 reports lumbar strain/sprain, lumbar radiculopathy and insomnia. Functional capacity evaluation dated 07/29/11 indicates that required PDL is very heavy and current PDL is light. Current medications include Gabapentin, Soma, Norco and Ambien. Assessment dated 08/16/11 indicates that current BDI is 45 and BAI is 9. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. A request for chronic pain management program was denied on 09/23/11 and again on 10/05/11.

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

This xx-year-old man has undergone a course of individual psychotherapy; however, BDI

remains exceedingly high at 45. It is unclear if the patient has undergone psychometric testing with validity measures to establish the validity of the patient's subjective complaints. He has previously failed a trial of work hardening; however, no progress notes were submitted for review. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. Additionally, the patient's date of injury is greater than 24 months old and ODG notes that there is conflicting evidence that chronic pain programs provide return to work beyond this period. Given the current clinical data, the requested Chronic Pain Management x 80 hours is not indicated as medically necessary.

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)