

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of initial Chronic Pain Management Program

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

M.D., Board Certified Pain Medicine

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 02/23/12, 03/02/12

Request for 80 hours of a chronic pain management program dated 02/20/12

Reconsideration request dated 02/27/12

Follow up note dated 01/04/12

Chronic pain management plan and goals of treatment dated 01/23/12

Psychological testing results dated 02/16/12

Initial behavioral medicine consultation dated 05/25/11

Assessment/evaluation for chronic pain management program dated 01/23/12

Functional capacity evaluation dated 01/23/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female. The patient fell down a flight of stairs causing injury to her left knee, left shoulder and head. A behavioral medicine consultation dated 05/25/11 indicates that treatment to date includes diagnostic testing, physical therapy and several surgeries to include a total left knee arthroplasty on 08/14/07. Diagnosis is pain disorder associated with both psychological factors and general medical condition, chronic. Functional capacity evaluation dated 01/23/12 indicates that required PDL is sedentary and current PDL is sedentary. Assessment/evaluation dated 01/23/12 indicates that BDI is 9 and BAI is 4. Current medications are listed as Amitriptyline, Cyclobenzaprine, Gabapentin, Hydrochlorothiazide, Hydrocodone-acetaminophen, Lisinopril, Meloxicam and Celebrex. Psychological testing results dated 02/16/12 indicates that treatment includes bilateral knee replacements, 12 individual psychotherapy sessions and 6 biofeedback sessions. MMPI protocol was invalid and uninterpretable due to inconsistent responding.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The Official Disability Guidelines do not support chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. This patient's date of injury is over 13 years old. The patient's MMPI profile is invalid and uninterpretable due to inconsistent responding. Beck scales are minimal. The submitted FCE indicates that both current and required physical demand level is sedentary. The records indicate that the main focus of the program will be to taper the patient's medication use; however, there is no rationale provided as to why this cannot be accomplished through other more specific but less intensive interventions than a chronic pain management program. The reviewer finds the requested 80 hours of initial Chronic Pain Management Program is not 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)