

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 sessions 97799

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

ODG

Adverse determinations, The Hartford, 12/09/11, 12/15/11

Initial interview 09/14/11

Functional capacity evaluation 11/28/11

Request for reconsideration 12/12/11

Request for medical dispute resolution 12/23/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. She slipped and fell in a puddle of oil, hurting the left side of her body and right middle finger. She has had x-rays, physical therapy, chiropractic care, pain injections, surgery of the right hand middle finger and medication management. Current medication is ibuprofen. BDI is 39 and BAI is 20. FABQ-Work scale is 37/42 and FABQ-Activity scale is 24/24. Diagnoses are adjustment disorder with mixed anxiety and depressed mood and pain disorder with both psychological factors and a general medical condition. Functional capacity evaluation dated 11/28/11 shows that current PDL is sedentary and required PDL is medium.

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

This patient's date of injury is greater than 6 years old. The Official Disability Guidelines do not recommend chronic pain management programs for patients who have been continuously disabled for more than 24-months as there is conflicting evidence that these programs provide return to work beyond this period. The submitted records fail to establish that the patient has exhausted lower levels of care and are an appropriate candidate for this program. The patient is not currently taking any opioid medications, and the patient's only medication is listed as ibuprofen. The patient presents with a significantly elevated Beck Depression

Inventory score; however, there is no indication that she has undergone a course of individual psychotherapy or been placed on antidepressant medication. This reviewer finds no medical necessity for the requested Chronic Pain Management Program x 10 sessions 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)