

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: June/04/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 days = 80hrs

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

M.D., Board Certified Anesthesiology/Pain Management

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

Utilization review determination dated 04/25/12, 05/10/12

Request for 80 hours of a chronic pain management program dated 04/23/12

Reconsideration request dated 05/02/12

PPE dated 04/17/12

History and physical dated 04/17/12

Plan and goals of treatment dated 04/17/12

Psychological assessment report dated 10/28/11

Initial behavioral medicine consultation dated 10/14/11

Assessment/evaluation for CPMP dated 04/17/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. She was trying to transfer a nine-year-old child to a shower chair. The child was having a seizure. The patient lost her balance and hit both knees on the tub, then landed in a 'frog position'. Treatment to date includes diagnostic testing, physical therapy, knee injections, 4 sessions of individual psychotherapy and medication management. Assessment/evaluation dated 04/17/12 indicates that BDI is 42 and BAI is 38. Current medications include Gabapentin, Hydrocodone-Acetaminophen, Flexeril, Effexor, Prozac and Tramadol. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; and major depressive disorder, single episode, severe without psychotic features. PPE dated 04/17/12 indicates that required PDL is heavy and current PDL is light.

Initial request for chronic pain management program x 10 days was non-certified on 04/25/12 noting that the mental health evaluation is inadequate as an evaluation for admission to a comprehensive pain rehabilitation program. The patient was not disabled until the patient

was taken off work on 01/29/12 for unknown reasons, 3 years post-injury, and the provider could not identify any specific work related restrictions at this time. She had been working out of an agency; the assigned facility closed down and reopened as another agency; and she needs to reapply for work under those auspices, and in fact, plans to do that. There is no documentation that the patient's treating physician has currently ruled out all other appropriate care for the chronic pain problem. At this time the patient does not manifest a level of dysfunction and disability consistent with the need for a comprehensive pain management program. Appeal letter indicates that the patient's back is not part of her compensable injury. The patient was taken off work on 01/29/12 so she could have back surgery and to allow appropriate time for recovery. The denial was upheld on appeal dated 05/10/12 noting that the patient's date of injury is over 3 years old.

Current evidence based 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. The patient has not shown much improvement with 4 sessions of individual psychotherapy. There is no documentation that the patient has shown significant improvement with any form of treatment.

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

The submitted records indicate that the patient continued to work after the date of injury until 01/29/12 when she was taken off work to undergo back surgery, which is not part of her compensable injury. Therefore, the patient was able to work despite her work-related injury. The submitted records fail to establish that the patient obtained any significant benefit from any form of treatment completed to date. The patient does not manifest a level of dysfunction and disability consistent with the need for a comprehensive pain management program according to the ODG. The patient's BDI is exceedingly high; however, there is no indication that the patient has undergone recent psychometric testing with validity measures to assess the validity of the patient's subjective complaints. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 10 days = 80hrs.

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)