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Notice of Independent Review Decision

DATE OF REVIEW: 03/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 97799, Physical Medicine Procedure, GJPX 80 units medically necessary?

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

__X_ Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Documentation submitted for review includes reassessment summary and request for chronic pain management program dated 10/26/2011, physical performance evaluation dated 10/26/2011 by, physical performance evaluation dated 01/26/2012 by reassessment for continuation of chronic pain management program clinical note dated 01/25/2012 by reconsideration of request for additional 80 hours of chronic pain management program dated 01/31/2012 by, previous peer review dated 02/09/2012 reviewed by reconsideration for chronic pain management program note dated 02/17/2012 by previous peer review dated 02/22/2012 by, cover sheet and other working documents.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with a reported injury on xx/xx/xx. The clinical note dated 10/26/2011 revealed the patient had reported a work related injury to the lumbar spine, and felt a “pop” and stinging sensation in the low back. The patient was noted to have a BDI score of 10, and a BAI score of 12, which was indicative of mild symptoms of depression and anxiety. It was noted the patient was utilizing tramadol 50 mg 3-4 tabs daily. It was noted the patient was recommended to begin a chronic pain management program at that time. The findings from the physical performance evaluation indicated the patient was unable to perform his regular job duties and could not safely perform the job demands based on the current evaluation. The reassessment for continuation in chronic pain management program note dated 01/25/2012 revealed the patient had completed an initial 80 hours of the chronic pain management program to date. The patient’s pain level was noted to be unchanged, rated at a 7/10. The patient’s BDI and BAI scores decreased by 2-3 points; noting that the patient continued to have mild symptoms of depression and anxiety. The patient reported that his stamina and endurance had improved and that the patient had begun to wean off pain medications. It was noted the patient had made significant progress; however, had not met his physical demand level to return to work and was recommended for continued participation for an additional 10 days of chronic pain management program. The previous peer review dated 02/09/2012 revealed that the request for an additional 80 hours of chronic pain management program had been denied due to there being little significant progress in the patient’s initial 80 hours. The note indicated that prescription drug use is not addressed in the first half of the program and that physical

performance had improved slightly. The second previous peer review dated 02/22/2012 by, indicated the patient's request for 80 additional hours of chronic pain management had been non-certified. It was noted that the request was non-certified due to the pain level remaining unchanged, no vocational goals other than medium work category being proposed, and only minimal functional gains having been made.

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

The patient was noted to have completed 80 hours of a chronic pain management program to date. It was noted that the patient has had severe lumbar back pain and had utilized physical therapy, as well as 20 visits of a work hardening program to reduce the pain symptoms. The documentation submitted indicated that the patient's pain level did not decrease and remained at a 7/10 during the initial 80 sessions of chronic pain program. There was no indication that the patient's physical demand level had increased or that the patient had increased functional gains in terms of increased range of motion and increased strength levels. The Official Disability Guidelines state that treatment should not be suggested for longer than 2 weeks without evidence of compliance and significance demonstrated efficacy as documented by subjective and objective gains. Given the above indications of lack of documentation to indicate the patient's objective functional gains in the initial 80 hours, the request cannot be substantiated. As such, the previous determinations of non-certification of the additional 80 hours of chronic pain management program are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

__X_ **ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

References:
Official Disability Guidelines, Pain Chapter, Online Version
Chronic Pain Programs:

(10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis.

(11) Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment, must be made available upon request at least on a bi-weekly basis during the course of the treatment program.

(12) Total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).