

Prime 400 LLC

An Independent Review Organization
8760 A Research Blvd., #241
Austin, TX 78758
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 days

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

M.D., Board Certified Anesthesiology; Board Certified 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

ODG

Utilization review determination dated 01/18/12, 02/02/12

Response to denial letter dated 01/20/12, 07/18/11

Initial diagnostic screening dated 07/05/11

Initial assessment interview dated 03/04/11

Letter of medical necessity dated 01/24/12

Chronic pain management program treatment goals dated 01/24/11, 12/24/11

Treatment progress report dated 01/24/12, 12/24/11

BHI 2 report dated 10/04/11

Functional capacity evaluation dated 10/27/11

Follow up note dated 08/11/11, 07/26/11, 07/12/11, 06/07/11, 05/24/11, 05/10/11, 04/26/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who was injured on xx/xx/xx. She slipped off a step stool onto her right side. There has been diagnostic testing, rest/off work, exercise program, physical therapy, massage, and epidural steroid injections. Functional capacity evaluation dated 10/27/11 indicates that required PDL is light to medium and current PDL is light for floor to knees and floor to waist, sedentary light for floor to shoulders, knees to shoulders and box carry. Treatment progress report dated 12/24/11 indicates that diagnosis is adjustment disorder with mixed anxiety and depressed mood, lumbar sprain, lumbar intervertebral disc without myelopathy, hip contusion and pain disorder. The patient has completed 6 sessions of individual psychotherapy. Medications include Ultram, Anaprox, Lisinopril, and Cymbalta. BDI is 20 and BAI is 17.

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

The records submitted for review do not establish that this patient has exhausted lower levels of care and is an appropriate candidate for a chronic pain management program at this time. The documentation provided does not adequately address the rationale for non-certification as set forth by the initial and appeal reviews. The reviewer finds there is not medical necessity for Chronic Pain Management Program x 10 days at this time.

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)