

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/12/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours (10 sessions) of Chronic pain management program

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

ODG Treatment Guidelines

Utilization review determination dated 01/19/12, 02/06/12

Request for preauthorization dated 01/30/12, 01/13/12

Collaborative report for medical necessity dated 01/12/12

Request for reconsideration dated 01/27/12

Functional capacity evaluation dated 11/10/11

Handwritten note dated 01/04/12, 01/05/12, 12/08/11, 02/03/12

Office visit note dated 12/05/11, 11/04/11, 11/14/11, 09/08/11, 03/10/11, 12/09/10, 06/18/09

Operative report dated 03/05/10

Lumbar spine MRI dated 10/21/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was lifting a heavy object when he felt severe pain in his lower back. He has had MRI of the lumbar spine, x-rays, physical therapy, epidural steroid injections and lumbar surgery on 03/05/10 (decompressive laminectomy L3, decompressive laminotomy L4, decompressive laminotomy L5, bilateral foraminotomy L3-4, L4-5). The patient was seen in December 2009 by a designated doctor who assigned 5% whole person impairment. Functional capacity evaluation dated 11/10/11 states that current PDL is frequent sedentary and occasional light, and required PDL is very heavy. Psychological assessment reportedly indicates that medications include Norco, Valium, Zanaflex, Naproxen, Indocin and Clonidine. BDI is 18 and BAI is 8.

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

According to the records submitted for this review, this patient has not exhausted lower levels of care. There is no indication that the patient has undergone a course of individual psychotherapy. The patient sustained injury over 3 ½ years ago. The Official Disability Guidelines do not generally recommend 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 reviewer finds medical necessity is not established for the requested 80 hours (10 sessions) of Chronic pain management program.

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)