

5. Work Hardening Daily Note dated 2/9/10.
6. Work Hardening Daily Rehabilitation Report dated 6/28/11.
7. Group Psychotherapy Notes dated 12/29/11, 11/30/11, 11/28/11, 11/23/11, 11/21/11, 11/18/11, 11/16/11, and 6/28/11.
8. Reassessment for Work Hardening Program Continuation dated 6/28/11.
9. Report of Medical Evaluation dated 12/9/11.
10. Chronic Pain Management Program Daily Progress Notes dated 11/30/11, 11/29/11, 11/28/11, 11/23/11, 11/21/11, 11/18/11, and 11/16/11.
11. Follow up clinic notes from dated 1/3/12.
12. Work Hardening Discharge Summary dated 12/16/11.
13. Chronic Pain Management Program Individual Progress Note dated 11/18/11.
14. Individual Patient Coordination from dated 11/23/11.
15. Reassessment for Chronic Pain Management Program Continuation dated 11/23/11.
16. Letter from dated 12/9/11.
17. Reconsideration: Chronic Pain Management Preauthorization Request from dated 12/29/11.
18. Request for 10 Final Days of a Chronic Pain Management Program dated 12/8/11.
19. Physical Performance Evaluations from dated 11/21/11 and 9/13/11.
20. Denial documentation dated 2/7/12, 1/5/12 and 12/14/11.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reports that he was injured. The records document the presence of multiple fractures of the left toes. The patient was treated with fixation of the fractures. However, the hospital course was complicated due to necrosis of the left toes requiring amputation of all five toes at the metatarsophalangeal joint (MPJ). An independent medical examination on 12/9/11 indicates the patient had reached his maximum medical improvement (MMI) in June 2011. The report states that at that time, the patient's left ankle and foot had 0% impairment with regard to range of motion. In addition, a Whole Person Impairment was calculated at 14% when the amputations, atrophy, and medial plantar nerve conditions were considered.

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

Review of the submitted documentation indicates that the patient has received the benefit of 160 hours of chronic pain management therapy as part of a comprehensive treatment plan to address these issues as well as the patient's pain disorder and major depression. Applying the Official Disability Guidelines (ODG), the total duration treatment should generally not exceed 20 full day sessions, or 160 hours. This patient has already received the benefit of 160 hours of pain management therapy. Further, the ODG also excludes patients with major depression from a pain management program. Moreover, this patient's range of motion is not an issue. Consistent with these findings, the patient does not meet ODG criteria for the disputed Chronic Pain Management Program.

Therefore, I have determined the requested service, Chronic Pain Management Program – (5x wk x 2 wks - 80 hrs - 10 final days) 97799, is not medically necessary for treatment of the patient's medical condition.

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

- ACOEM- AMERICAN 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)