

Notice of Independent Review Decision

DATE OF REVIEW: 09/11/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 units of chronic pain management program 5 times a week for 2 weeks 97799

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

The TMF physician reviewer is board certified in pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

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.

It is determined that the 80 units of chronic pain management program 5 times a week for 2 weeks 97799 is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 08/28/12
- Decision letter from The – 06/26/11, 06/28/11, 01/25/12, 08/16/12, 08/24/12
- Request for an IRO from – 08/27/12
- Request for CPMP from – 08/07/12
- Pre-Authorization Intake Form – 08/07/12, 08/21/12
- Request for services from – 06/28/12
- Treatment Plan – no date
- Copy of Functional Capacity Evaluation Intake – 07/19/12
- Copy of Functional Capacity Evaluation – 07/19/12
- Independent medical evaluation by Dr. for Solutions – 06/28/12
- Physician Advisor Report for – 01/23/12, 08/16/12
- Request for CPMP (Reconsideration) from – 08/21/12
- Initial Interview for Request for Trial 10 Sessions of the Chronic Pain Management Program – 01/05/12
- Surgery Pre-Authorization Request – 06/23/11

- Orthopedic Specialist Progress Report – 06/21/12
- Preliminary Report of MRI of the right shoulder – 05/26/11
- Nurse Review from – 06/23/11

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when he was moving some heavy equipment and felt a pop and some pain in his right shoulder. He has been treated with medications, physical therapy and surgery. He has undergone psychotherapy sessions and there is a recommendation for the patient to participate in an intensive outpatient chronic pain program to assist in overcoming the fears, feelings and thought processes in his daily life since his injury.

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

There are inconsistencies in Health Trust’s evaluation and request for a pain management program. There is a statement that the patient is taking opiates while the independent medical evaluation indicates that his medications are ibuprofen. The purpose of a pain management program (per ODG) is to address psychological and social issues that prevent the injured worker from returning to employment. This injured worker is working full time in a similar occupation. The ODG criteria have not been met for participation in a pain management program.

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 KNOWLEDGBASE
- 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)