

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Nov/26/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** additional chronic pain management program, 5 x week for 2 weeks total 80 hours

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

**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 medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for an additional chronic pain management program, 5 x week for 2 weeks total 80 hours is recommended as medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Progress summary note dated 09/26/13  
Request for reconsideration dated 10/24/13  
Adverse determinations dated 10/03/13 & 10/31/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury leading to physical limitations. The progress summary note dated 09/26/13 indicates the patient having completed the first 7 chronic pain management program sessions. The note does mention the patient being consistent with his attendance. The patient also presented with findings of increased depression, anxiety, as well as the development of chronic pain symptoms. The patient stated that he was in constant pain. However, the note mentions the patient developing self-management coping techniques. The patient was also noted to be making an effort to eat more nutritional meals. The patient also stated that he was experiencing better sleep patterns on a daily basis. The patient rated his pain as 4/10 at that time. The note mentions the patient having reduced his medication intake to primarily an as needed basis. The patient was noted to enter the program with a BDI-2 of 43. However, the patient scored a 14 on the most recent exam. The patient's BAI was noted to have been reduced from 19 to 5. The request was for an additional 10 chronic pain management program sessions. The request for a consideration dated 10/24/13 indicates the patient having made significant progress through the initial course of treatment.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation submitted for review elaborates the patient having completed the 1st segment of a chronic pain management program. The documentation indicates the patient having been compliant with all approaches to addressing the chronic pain issues. The patient was noted to have made significant progress in developing coping mechanisms in dealing with his chronic pain. The patient did demonstrate significant gains throughout the program in that his BDI-2 has been reduced from 43 to 14 and a BAI improvement from 19 to 5. Additionally, the patient was noted to have reduced his medication intake to a PRN use only. The patient was noted to have stated that he was experiencing a better sleep pattern. Given the significant gains made through the initial course of treatment and taking into account the continued functional deficits manifested by ongoing moderate findings of anxiety and depression as well as the expected benefits through the 2nd segment of treatment, this request is reasonable. As such, it is the opinion of the reviewer that the request for an additional chronic pain management program, 5 x week for 2 weeks total 80 hours is recommended as medically necessary.

**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)