

US Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 80 hours of chronic pain management

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Anesthesiology and 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)

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 80 hour chronic pain management program is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes dated 07/11/12 – 01/16/13

Functional capacity evaluation dated 09/05/12

Previous utilization reviews dated 01/24/13 & 02/25/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his left elbow. The clinical note dated 07/11/12 details the patient complaining of radiating pain from the left elbow to the left forearm. The patient was also noted to have limited range of motion and weakness throughout the left upper extremity. The note does detail the patient having previously undergone an evaluation by an infectious disease physician who stated the patient would need additional x-rays and medications to address the injuries. The wound was noted to be healing slowly. The note does detail the patient utilizing Hydrocodone and Acetaminophen for ongoing pain relief. Upon exam tenderness was noted upon palpation at the left elbow. Increased hyper tendency was noted at the left triceps as well. Mild swelling was noted at the left forearm. Tenderness was noted at the dorsal forearm region. The progress report dated 08/03/12 details the patient continuing with left elbow pain. The progress report dated 08/06/12 details the patient undergoing physical therapy to address the left elbow complaints. The functional capacity evaluation dated 09/05/12 details the patient undergoing an evaluation regarding the patient's physical demand level. The patient was able to perform at a medium physical demand level whereas his occupation requires a heavy physical demand level. The note details the patient stating the initial injury occurred when a piece of debris shot off from a wall and into his left elbow. The patient was noted to have scored a 23 on his BDI-2, a 20 on his BAI, a 42 on his FABQ-W, and a 24 on his FABQ-PA. The clinical note dated 09/12/12 details the patient having

been diagnosed with introit dermal cellulitis and olecranon bursitis at the left elbow as a result of a chemical exposure. The patient subsequently underwent a surgical procedure to lance the left elbow region. The patient subsequently developed a MRSA infection. The clinical note dated 09/18/12 details the patient expressing moderate anxiety and frustration regarding his current job. The clinical note dated 01/14/13 details the patient showing a slow healing wound at the left elbow. Radiating pain was noted into the left digits. The clinical note dated 01/16/13 details the left elbow pain being described as a sharp, throbbing, and shooting sensation from the elbow to the thumb and the last 2 digits of the left hand. The patient rated the pain as 7/10.

The previous utilization review dated 01/24/13 details the patient resulting in a denial for a chronic pain management program secondary to a lack of information regarding the patient's function of deficits resulting in improvement with a treatment program of that nature

The utilization review dated 02/25/13 resulted in the denial for a chronic pain management program secondary to the lack of information regarding the patient's expected functional improvements through a cpmt. Additionally, a number of negative predictors were identified, particularly with the patient's fear avoidance belief questionnaire. Furthermore, it was unclear at that time whether the patient's infection had been cleared.

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 complaining of ongoing left elbow pain. The Official Disability Guidelines recommend an 80 hour course of a chronic pain management program provided the patient meets specific criteria to include the patient's condition clearly showing the need for functional improvement; all negative predictors have been identified and clinically addressed as well as the patient is noted to have completed all other treatments. The documentation does detail the patient having sustained an infection secondary to the MRSA. However, the infectious disease physician was noted to have recommended further rehabilitation as opposed to a multi-disciplinary chronic pain management program. Additionally, the patient was noted to have undergone a battery of psychological exams which revealed significant levels of fear avoidance. Given that the patient was noted to have significant fear avoidance issues, it's unclear if these negative predictors have been addressed clinically as well. Given that no information was submitted regarding the patient's additional conservative treatments to include ongoing physical therapy addressing the left elbow following the clearance of the infection as well as the lack of information regarding the patient's treatment for severe levels of fear avoidance, the request for a chronic pain management program for 80 hours is non-certified. As such, it is the opinion of the reviewer that the request for an 80 hour chronic pain management program is not 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)