

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 30, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Chronic Pain Management program 8 hours per day X 10 days, totaling 80 hours, CPT code 97799

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.1	97799		Prosp	80			Xx/xx/xx	xxxxx	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who reported sustaining an injury on xx/xx/xx, while at work. The injured employee felt a sharp pain in her mid and upper back that burned into her left pelvis and left shoulder area. After failing conservative physical therapy, an MRI was performed documenting a T9-T10 disc herniation impinging on the thecal sac. Pain management was provided including a trigger point injection performed on December 10, 2013. Fifteen sessions of work hardening were completed, at which time Ms. remained unable to return to work full duty. A psychological evaluation was performed noting signs of chronic pain and depression. Ten sessions of chronic pain management were performed documenting improved condition. Ten additional sessions of pain management were requested. A Report of Medical Evaluation was performed on May 6, 2014, at which time certified that the injured employee had reached

Maximum Medical Improvement with a 5% whole person impairment rating assigned. performed a Designated Doctor's Evaluation on May 8, 2014, certifying that the injured employee had reached Clinical Maximum Medical Improvement with a 0% whole person impairment rating assigned. A progress note was most recently provided requesting additional chronic pain management for the injury of xx/xx/xx. To date, Ms. BDI decreased from 36 to 23 and BAI from 65 to 30. A Functional Capacity Evaluation on August 4, 2014, suggested Ms. was capable of a Sedentary Physical Demand Level and required a Heavy Physical Demand Level for pre-injury employment. Individual psychotherapy was provided. An additional 10 days of a chronic pain management program have been requested.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division-mandated Official Disability Guidelines, the medical necessity of the proposed 10 sessions of pain management would not be supported. The injured employee has completed, per the records reviewed, 15 sessions of work hardening and more recently 10 sessions of chronic pain management. She then participated in six sessions of individual pain management counseling. The Official Disability Guidelines would support up to 180 hours or 20 sessions of a Chronic Pain Management as long as objective improvement and compliance is noted. The records provided support decreased pain scores overall with decreased BDI and BAI scores with the 10 sessions performed to date. However, the Official Disability Guidelines also indicates that "at the conclusion, and subsequently, neither reenrollment nor repetition in the same or similar rehabilitation program is medically warranted (e.g. work hardening, work conditioning, out-patient medical rehabilitation) for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from."

The current request is for an extension of the prior chronic pain management program. However, the request would exceed the parameters of sessions spent in all similar programs. In addition, no specific detox has been identified as necessary for the program. The prior denial for "re-enrollment" is supported.

ODG -TWC

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Pain (Chronic)

(See also body-part chapters for condition specific information, Especially the Low Back Chapter – also see disclaimer)

Back to ODG - TWC Index

(Updated 10/06/14)

10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis.

(11) Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment, must be made available upon request at least on a bi-weekly basis during the course of the treatment program.

(12) Total treatment duration should generally not exceed 4 weeks (20 full-days or 160 hours), or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities. (Sanders, 2005) If treatment duration in excess of 4 weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).

(13) At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. A chronic pain program should not be considered a “stepping stone” after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES