

Notice of Independent Review Decision

DATE OF REVIEW: 05/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program 5x Wk x2 Wks Right Shoulder 97799 80 hours

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

The TMF physician reviewer is a licensed chiropractor 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 chronic pain management program 5x Wk x2 Wks right shoulder 97799 80 hours is not medically indicated to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when he felt a sudden pop in the right shoulder with immediate onset of pain in his right shoulder. He

explained that he could see a bulge in his upper arm where his biceps muscle had fallen down his arm. He underwent surgery on 08/10/12 and participated in post-surgical rehabilitation (including 10 days of work hardening) and completed individual psychotherapy sessions (From 02/21/13 to 03/15/13). The patient transferred his care to his current treating doctor. Even with the treatment he had received, he remained symptomatic and had an additional surgery on 09/20/13. He received 12 PT sessions and was referred to a chronic pain management program (CPMP) and was approved for a 10-day trial. His treating doctor has requested an additional 10 days of CPMP.

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

The medical record documentation reveals that the injured worker has had ongoing treatment since his injury. The most recent progress report regarding the benefits of the CPMP indicated limited improvement. His pain level is reportedly decreased VAS 8/10 down to 7/10. BDI-II score was down from 29 to 22. No changes were seen in the terms of number of hours slept (remained at 4 fragmented). Increases were noted with regards to BAI score from 16 to 22, Oswestry disability index from 32% to 58%, FABQ-W score from 35 to 36 and FABQ-PA score from 15 to 18. The chart indicated that over all range of motion of the right shoulder had improved but the amount of improvement was minimal. His overall PDL remained the same as sedentary where the goal was very heavy. According to ODG guidelines, continued treatment in a CPMP longer than 10 day (2 weeks) is not recommended without evidence of compliance and significant demonstrated improvement as documented by subjective and objective gains. There was a report of improvement but the improvement was very minimal and clinically insignificant. Specifically his PDL did not improve from his baseline and most of his psychological test scores worsened. CPMP historically utilize some 15 to 20 hours out of a 40-hour week in one-on-one/group psychological sessions. This injured worker underwent some 30 to 40 hours of one-on-one/group psychological sessions out of 80 hours of CPMP. Therefore, since there was no evidence of significant improvement as required by the ODG guidelines, the requested additional chronic pain management program of 5 x week for 2 weeks (80 hours) 97799 is not medically indicated.

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)