

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/17/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: physical medicine procedure - pain management program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., 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 physical medicine procedure-pain management program

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 12/19/13, 01/20/14
Functional capacity evaluation dated 12/12/13
Treatment update dated 11/20/13
Rebuttal of denial dated 01/13/14
Handwritten psychiatric medication management note dated 11/13/13, 01/29/14, 12/11/13
Psychiatric evaluation dated 10/30/13
Handwritten individual psychotherapy note dated 11/13/13, 11/06/13, 10/23/13, 10/17/13, 10/02/13, 09/26/13
Mental health evaluation dated 09/11/13
Letter dated 01/30/14

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. Mental health evaluation dated 09/11/13 indicates that the patient was exiting a shuttle bus when his feet slipped and he fell on the stairs. The patient broke both wrists and tore both rotator cuffs in his shoulders. The patient reports having 21 surgeries to repair rotator cuffs as well as lower back problems. He has also had surgery on his left hand and both of his thumbs. FABQ-W is 42 and FABQ-PA is 23. BDI is 42 and BAI is 40. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, and major depressive disorder, recurrent. Psychiatric evaluation dated 10/30/13 indicates that medications include hydrocodone, morphine and Lidoderm patch. The patient became quite angry and made some threats against the insurance company a little over a year ago which led to a psychiatric hospitalization x 1 week. He was not kept on any antidepressant or other psychotropic medications after that hospital stay and has received no other mental

health care recently. Diagnosis is mood disorder associated with chronic pain; chronic pain disorder associated with both psychological factors and the medical condition. Treatment update dated 11/20/13 indicates that the patient is taking Cymbalta. The patient did very well in his individual psychotherapy sessions and reports that they are very helpful. BDI decreased from 42 to 17 and BAI from 40 to 21. Functional capacity evaluation dated 12/12/13 indicates that required PDL is light-medium.

Initial request for physical medicine procedure-pain management program was non-certified on 12/19/13 noting that the claimant's date of injury is over xx years old. The Official Disability Guidelines generally do not support chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The claimant has undergone 21 surgeries and is not likely to improve significantly with a chronic pain management program. Rebuttal dated 01/13/14 indicates that the patient's injury is very old. During these intervening years he was never given any psychological care. The patient reports that he is happy to return to work after all the years of being unemployed. The patient is currently taking Lortab 10/500 mg TID and morphine, immediate release tablet, 15 mg q 6 h, prn. These narcotic medications could be reduced through the application of alternative pain management techniques. The denial was overturned on appeal dated 01/20/14.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The submitted records indicate that the patient was authorized for 10 days of chronic pain management 8 hours daily on 01/20/14 noting that the patient has been diagnosed with a chronic pain disorder with both psychological factors and a general medical condition. This disorder has impacted his ability to function psychologically, interpersonally and vocationally. Conservative levels of care are considered exhausted and they have not been efficacious. There are no progress notes documenting completion of and patient response to these 10 sessions of chronic pain management program. As such, it is the opinion of the reviewer that the request for physical medicine procedure-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)