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06/01/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Chronic pain management program – 80 hours/units – outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Diplomate of the American Chiropractic Neurology Board, Texas Licensed

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 of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

sustained a work-related accident on xx/xx/xx. The records indicate that he was working. He was connecting pipe and his right glove got caught causing an injury to his wrist. X-rays were taken of the right wrist on 12/19/2013 revealing a radial styloid fracture. He underwent surgery on 01/08/2014. The claimant was released for physical therapy on 02/27/2014 and he did proceeded to undergo 18 visits of physical therapy. On 04/30/2014, the claimant was evaluated by for a pain management consultation. Medications were prescribed. On 05/21/2014, the claimant was evaluated by and he was referred for a psychological evaluation and work hardening program.

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

The claimant underwent work hardening and has recently completed 160 hours of chronic pain management program, 80 hours of additional chronic pain management program is being requested. Conclusions, official disability guidelines criteria for chronic pain programs from the chapter on chronic pain is used in order to determine medical necessity of 80 additional hours of chronic pain program. It is my assessment that the request for 80 additional hours of chronic pain program is not medically necessary. Official disability guidelines state that “total treatment duration generally not exceed four weeks (20 full days or 160 hours), are the equivalent in part-day sessions if required by part time work, transportation, child care or comorbidities. If treatment duration in excess of four weeks is required, a clear rationale for the specific 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).”

The treating chiropractor did note some improvements including that the claimant is no longer taking Norco or amitriptyline and improvements in PDL, however, the results on the previous chronic pain program has been minimal pain scores are about the same while improvements in PDL are noted. He is still currently in a medium PDL and had started in the medium PDL. Functional outcome measures including Oswestry Beck Anxiety Inventory and Beck Depression Inventory began as severe and remains severe. There has been only minimal improvement. The claimant has actually worsened in regards to clear avoidance beliefs about work. The claimant has already been certified at maximum medical improvement by his designated doctor with a 5% whole person impairment. The presenting documentation does not provide "a clear rationale for the specified extension" especially in light of minimal improvements achieved. The presenting documentation also does not show that the claimant requires another chronic pain program.

Because the presenting documentation does not show an improvement "cannot be achieved without an extension." There is also concern regarding this claimant regarding his length of disability. ODG also prescribes caution in regards to being admitted to multidisciplinary pain management programs for claimants who have been continuously disabled for greater than 24 months. In summary, it is my conclusion that 80 additional hours of a chronic pain management program is not medically necessary and is not supported by evidence-based guidelines including ODG.

IRO REVIEWER REPORT TEMPLATE -WC

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)