

US Decisions Inc.

An Independent Review Organization
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DATE NOTICE SENT TO ALL PARTIES: Jan/22/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Continued chronic pain management program 10 sessions/80 Units (10 already approved)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: PhD, Licensed Psychology

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 continued Chronic pain management program 10 sessions/80 Units (10 already approved) is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is XX/XX/XX. The patient was helping a coworker with folding tables and a table fell while she was lifting it. The patient received treatment in the form of physical therapy and a shoulder corticosteroid injection. Peer review dated XX/XX/XX indicates that the compensable work event resulted in a left shoulder strain with rotator cuff tear. The effects of the compensable injury will not resolve until surgical repair of the left rotator cuff has been performed and the patient has received adequate postoperative rehabilitation. Progress note dated XX/XX/XX indicates that the patient began attending the cognitive pain management sessions on XX/XX/XX and has completed 7 of 10 authorized sessions. She continues to make progress in her ability to utilize her relaxation and breathing skills. The patient reports that she has reduced her medication intake to an as needed basis. Pain level decreased from 8/10 to 6/10. BDI decreased from 37 to 21 and BAI from 15 to 10.

Initial request for continued chronic pain management program 10 sessions 80 units was non-certified on XX/XX/XX noting that although there were noted improvements in psychological testing for depression and anxiety, there were no improvements in fear avoidance. It is unclear what specific functional improvements were made with the first 7 sessions of chronic pain management program or if the claimant had been able to make any significant adjustments on medications. Given that chronic pain management programs are multi-disciplinary rehabilitation programs, further evidence of overall improvement in function would be needed in order to establish the efficacy of the program and warrant further sessions. The denial was upheld on appeal dated XX/XX/XX noting that the Official Disability Guidelines note that treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The patient has completed 10 sessions of the program to date. There is no updated functional capacity evaluation/physical examination submitted for review documenting the patient's response to treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has completed 10 days of a chronic pain management program to date. The Official Disability Guidelines Pain Chapter states that treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Although the submitted records document subjective reports of improvement including Beck scales and VAS scale, there is no updated physical examination submitted for review with objective measures of improvement. There are no serial chronic pain management program records submitted for review. There is no indication that the patient has undergone an updated functional capacity evaluation or physical performance evaluation. As such, it is the opinion of the reviewer that the request for continued chronic pain management program 10 sessions/80 Units (10 already approved) is not recommended as medically necessary and the prior denials are upheld.

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)