



Notice of Independent Review Decision

DATE OF REVIEW: 8/17/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied request for 10 sessions of behavioral chronic pain management program.

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

Texas Licensed Physical Medicine and Rehabilitation D.O.

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)

The previously denied request for 10 sessions of behavioral chronic pain management program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheet dated 8/10/07, 8/9/07, 6/27/07.
- Letter dated 8/10/07.
- Notice to CompPartners, INC. of Case Assignment dated 8/10/07.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 8/10/07.

- **Confirmation of Receipt of Request for Review by an Independent Review Organization (IRO) dated 8/9/07.**
- **Request for a Review by an Independent Review Organization dated 7/31/07.**
- **Determination Notification Letter dated 7/27/07, 7/5/07.**
- **Appeal Letter dated 7/18/07.**
- **Behavioral Chronic Pain Management Program dated 6/27/07.**
- **Weekly Summary Medical dated 6/22/07.**
- **Weekly Summary Physical dated 6/22/07.**
- **Weekly Summary dated 6/22/07.**
- **Diagnostic Interview and Treatment Plan dated 4/4/07**

PATIENT CLINICAL HISTORY [SUMMARY]:

Age: years

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Opening a plastic barrel.

Diagnosis: L4-L5 disc herniation; spinal stenosis; status post lumbar fusion surgery of 2004 by Dr.; laminectomy/foraminotomy at L4-L5 level.

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

This female sustained an industrial lower back injury on xx/xx/xx. On the day of injury, the claimant was opening a plastic barrel and, reportedly, as she bent over and pulled back while pushing the lid open, low back sprain occurred. The claimant failed conservative management including physical therapy treatment in 1998 and 1999. Diagnostic imaging studies of the lumbar spine demonstrated an L4-L5 disc herniation. The patient had failed back surgeries including laminectomy/discectomy and the lumbar fusion procedure. The claimant went into the care of, Licensed Clinical Social Worker (LCSW). Due to failure of both conservative and operative management, the claimant was referred to Healthcare System. The claimant was found to demonstrate inadequate progress with outpatient treatment and therefore, a more comprehensive chronic behavioral pain management program was requested. She did undergo 20 sessions of a daily chronic pain management program. Additional 10 chronic pain management program days were requested, but non-authorized on 7/5/07, and again non-authorized based upon an appeal dated 7/2/07. The diagnoses included: 1. L4-L5 disc herniation. 2. Spinal stenosis. 3. Status post lumbar fusion surgery of 2004 by Dr. 4. Laminectomy/foraminotomy at L4-L5 level. There were no physician physical examination documentation findings in the medical records submitted for review. A review of the chronic behavioral pain management program documentation indicated that the claimant's progress had been minimal both with regards to the described functional activities and with regard to the level of behavioral functional progress, such as reduced anxiety/depression. The claimant has not achieved the goals that were thought to be attainable after the first 20 sessions of the chronic pain behavioral management program. For example, the Beck Depression Inventory and Beck Anxiety Inventory continued to demonstrate the severe level of symptoms as previously noted. Additionally, according to

the Official Disability Guidelines, these particular programs are limited to no more than 20 sessions, if there is no significant benefit from the first 20 sessions of additional chronic pain behavioral management program sessions would not be considered of therapeutic benefit. In summary, the requested additional 10 sessions of chronic behavioral pain management program remain non-authorized, because the claimant has not demonstrated sufficient progress during the first 20 sessions of this treatment program, over a course of 4 weeks, to medically justify the requested additional 10 sessions. According to the submitted medical records reviewed, the claimant has not achieved many of the stated goals with regards to both behavioral management and functional capabilities. Beck Depression Inventory and Beck Anxiety Inventory scores also did not demonstrate sufficient degree of improvement with regard to the first 20 sessions of the chronic behavioral pain management program.

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 CHRIOPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
