



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: October 2, 2007

IRO Case #:

Description of the services in dispute

Denied for medical necessity. Items for Dispute: Ten (10) session chronic Behavioral Pain Management.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The Psychologist who performed this review is licensed in Psychology by the state of Texas. This reviewer is a Diplomate of the American College of Forensic Examiners. They also hold a master certification in Neuro Linguistic Programming. The reviewer provides services for both adult and pediatric patients within their practice. The reviewer has been in active practice since 1976.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

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.

Based on the documentation provided, objective and subjective findings this request for approval for CPMP is not medically necessary.

Information provided to the IRO for review

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Records reviewed include 135 pages of documentation and included the following:

1. Working Documents
2. Request for IRO
3. Initial determination
4. Appeal determination
5. Appeal to initial denial
6. Evaluation with Dr. dated 5/31/06
7. Daily PT notes dated 6/06 and 7/06
8. Follow up with Dr. dated 6/30/06
9. Notice of dispute and refusal to pay benefits dated 8/28/06
10. Follow up with Dr. dated 8/29/06
11. Consultation with Dr. dated 8/29/06
12. Electro diagnostic studies dated 9/19/06
13. Follow up with Dr. dated 9/26/06
14. Drug Screening dated 10/10/06
15. Misc medical timeline dated 10/17/06
16. Follow up with Dr. dated 10/24/06
17. Designated Doctor evaluation by Dr. dated 11/2/06
18. Follow up with Dr. dated 5/7/07
19. Functional Capacity Evaluation dated 7/11/07
20. Evaluation with LPC dated 7/17/07
21. Letter of medical necessity dated 7/25/07
22. Drug screening dated 8/14/07
23. Letter from attorney dated 9/17/07
24. Lumbar x-rays and MRI
25. There were also 9 pages of records on a patient, 16 pages on patient and 14 pages on patient. These were not considered as part of the review.

Patient clinical history [summary]

The patient is a female who sustained an injury to the low back while working as a . While carrying approximately 40 pounds of plants she was struck in the back by a cart causing her to fall. She noted an immediate onset of low back pain. She stated overall her pain was 80% back and 20% leg. Diagnosis was lumbar sprain/strain. Diagnostic studies have included unremarkable x-rays, MRI indicative of mild degenerative disc disease at L4-5 and L5-S1 without impingement. There is also mild bilateral neural foraminal narrowing at these same levels without nerve root abutment. Electrodiagnostics revealed no evidence of focal nerve entrapment, peripheral neuropathy, radiculopathy or stenosis. Initial treatment consisted of rest, activity modification, and physical

therapy with active and passive modalities, chiro and injections.

On 11/2/06 the patient was seen for designated doctor evaluation. The reviewer opined that the patient has sciatic like pain following a radicular pathway but not a radiculopathy. He also noted trochanteric bursitis on the left side shooting down the tensor fascia latae and iliotibial band. He recommended anti-inflammatory medications and SI joint injections with occasional follow up with her treating physician. A recommendation for vocational rehabilitation services with DARS was also made. MMI was determined to be as of 11/2/06 and the patient was given 5% whole person impairment.

A functional capacity evaluation was completed on 7/11/07. The patient's required PDL to return to work as a plant carrier was noted to be sedentary. The examination indicated the patient has significant deficits in range of motion and strength. It was indicated her PDL was "less than sedentary". At this time she was recommended for participation in a chronic pain management program.

Subsequently on 7/17/07 the patient was seen for behavioral evaluation. At this time the patient was reporting stress due to her continued pain and lack of coping skills. She indicated her coping strategies were rest and medication was her maladaptive coping strategy. Her complaints included mild fatigue, loss of interest in activity, loss of sleep, restlessness, worry, irritability and tension. Beck inventories were completed. BDI was 37 and BAI was 42 both indicative of severe depression and anxiety. The patient stated her goals are to have less pain and return to work. Diagnosis was determined to be chronic pain disorder with psychological features. Again, the patient was recommended for multi disciplinary treatment. Treatment goals were to decrease depression and anxiety, increase sleep, stabilize mood, and implement independent utilization of pain management skills.

A request for 10 sessions of chronic pain management was made on 8/1/07 and completed on 8/6/07. Dr. who specializes in physical medicine and rehabilitation denied this initial request citing The Official Disability Guidelines and indicated the request was not in accordance. A request for appeal was made with letter of reconsideration from LPC. He discussed the patient's functional and emotional deficits and provided rationale for the request for authorization. The appeal was submitted on 8/14/07 and completed on 8/17/07 by Dr. who is a doctor of chiropractic medicine. She agreed with the initial denial however, her reason for denial was that the patient did not have significant pathology, was only taking Advil for pain, and that appropriate lower levels of care to include anti depressant medications or IPT had been attempted. As a result of these denials a request for independent review has been placed.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Issue to be addressed: Denied for medical necessity. Items for Dispute: Ten (10) session chronic Behavioral Pain Management.

It's agreed that chronic pain management for this patient is premature and not appropriate. She has not yet attempted appropriate lower levels of care to include anti depressant medications in conjunction with individual psych therapy. The patient is also not taking any medication other than over the counter pain medications. Moreover, objective examination findings were only mildly decreased and did not support the patient was de-conditioned. There were also no dynamic lifting tests that aid in determining the level of the patient's efforts during testing. Based on the documentation provided, objective and subjective findings this request for approval for CPMP is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. The Official Disability Guidelines, Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition), Accessed Online