

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 06/23/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 sessions of Chronic Pain Management Program

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

M.D., Board Certified Orthopedic Surgeon

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)

Upon independent review the reviewer finds that the requested 20 sessions of Chronic Pain Management Program is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 5/12/08, 5/20/08
ODG Guidelines and Treatment Guidelines
MD, 6/2/08, 5/12/08, 5/7/08
M.Ed., LPC, 5/1/08
Confidential Investigative Report, 4/25/08
DC, 2/1/08, 3/11/08, 2/19/08, 2/7/08, 1/17/08, 12/20/07, 11/26/07
MD, 3/11/08, 12/4/07
Spine and Rehab, 2/22/08, 12/21/07, 12/19/07, 12/11/07, 12/7/07, 12/4/07, 12/3/07,
11/30/07, 11/28/07, 11/26/07, 11/17/07
Operative Report, 2/14/08
Methodist Hospital Records, 11/20/07

MRI of Lumbar Spine, 1/4/08
Labs, 11/21/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker who suffered an injury to the lumbar spine on xx/xx/xx. He has been treated with medications, therapy, physical rehabilitation, and injections. He had an MRI scan, which was normal other than for some facet arthropathy. He had medial branch injections, and he reports this gave him some improvement. He had chronic pain with functional deficit secondary to depressive reaction. He has had some individual psychotherapy as well as antidepressant medication. His main problem apparently is mood problems, pessimism, loss of pleasure, agitation, disturbed sleep, decreased appetite, and other depressive features. He has not had sufficient intervention to control his depressive reaction. Based upon the injections of the medial branches of the facet, he has a physical problem, which has not been fully addressed. The current request is for 20 sessions of Chronic Pain Management Program.

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

Upon independent review of the provided medical records and ODG Guidelines, this reviewer finds that the requested 20 sessions of Chronic Pain Management Program is not medically necessary. In the face of a major depressive disorder, which is the primary problem, he is not a good candidate for a chronic pain program. He also has a physical problem that can be addressed in a typically objective manner. Based upon the review of the medical records, it is difficult to know what diagnosis is being treated by the physician. There is evidence that there has been some concern that the patient has a small disc bulge touching the thecal sac, and there is evidence of facet syndrome being diagnosed and treated. The ODG Behavioral Treatment and Low Back Guidelines would not recommend treatment with a chronic pain program in this particular individual. In particular, amongst the variables that have been found to be negative predictors of the efficacy of treatment with programs as well as the negative predictors of completion of the program are: (1) negative relationship with employer or supervisor; (2) poor work adjustment and satisfaction; (3) negative outlook about future employment; (4) high level psychosocial distress (highest pretreatment level of depression, pain, and disability); (5) involvement in financial disability disputes; (6) failure rates of smoking; (7) duration of the pre-referral disability; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Hence, it is with these criteria in mind that the previous adverse determination is upheld.

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)