

Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program 5x2

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

Clinical psychologist

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 7/9/08 and 8/6/08
Records from Dr. 1/7/08 thru 7/16/08
Records from Texas Health 12/4/07 thru 7/25/08
FAE 6/26/08
Record from Dr. 6/25/08
MRI 10/6/07
Radiology Reports 9/28/07
Records from Dr. 11/9/07 thru 3/5/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old male who sustained a compensable, work-related injury to his low back. Patient was performing his usual job duties as a for a car

company, when records indicate he fell off a ladder approximately 8 feet, landing on his buttocks. He initially sought attention from the local emergency room, where he was evaluated, given x-rays, a CT scan, medications, and referred to . CT scan showed an acute compression fracture of the L2 vertebral body. physician gave him a back belt and Motrin. Patient then began seeing Dr. for further treatment. Since this time, patient has not returned to work.

Over the course of his treatment, patient has received x-rays, CT scan, lumbar MRI, surgery, post-surgical physical therapy, psychological evaluations, 6 individual therapy sessions, 10 days of work hardening program, and medications management. Patient treating doctor's records state that the patient's pain "is going away with active therapy. He still describes pain he is having in the region of the lumbar spinal region, but states that the numbness at the left lower extremities is decreased...patient shows improving movement, guarding, and fixation...He has slowly increased ROM of the lumbar spine with active care."

Patient is status post L2 vertebroplasty on 11/19/07. Surgeon's note of 3/5/08 states that "The patient is doing very well. He notes that he is participating in therapy. His gait pattern is normal. He had no real tenderness to palpation near the fracture. Lumbar motion is functional. I reviewed the lumbar x-rays with the patient and they confirm good distribution of the bone cement within the L2 fracture. The patient is doing so well that I will simply see him on a p.r.n. basis. He was advised to continue his therapies and I expect he will make very nice progress. He realizes he is welcome back for any problems or concerns with which I can be of assistance." Patient was also advised pre-surgically that "fusion could be a future possibility if he fails to make acceptable improvements with vertebroplasty..."

Patient was approved for, and has attended, six sessions of individual therapy. Patient presented with normal BDI and BAI scores, but was given a diagnosis of Major Depressive Disorder, based on mental status exam. Results of this therapy were that patient's "mental status was stabilized". Patient also attended 10 sessions of Work Hardening program, at which time he was placed at clinical MMI and given an impairment rating.

The current request is for the first ten days of a chronic pain management program. Report states this is required in order to "stabilize active symptoms on a long-term basis, dismantle his disabled self-identity including pain behaviors and fear-avoidance behavior, increase his functional tolerances, and propel this gentleman toward a safe RTW". Goals are to reduce pain from 6/10 to 2/10, reduce irritability, muscle tension, and depression from 2/10 to 1/10, reduce worry from 5/10 to 2/10, and reduce vocational distress from 10/10 to 2/10."

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

After a careful review of all medical records, the Reviewer's medical assessment is that, during individual therapy, patient's mood was stabilized, with depression currently being rated 2/10 by the patient.

The current report requesting the CPMP does not use standardized testing instruments to monitor progress, such as BDI or BAI, and no Axis 5 diagnosis or GAF scores. No updated mental status is given, and no explanation about patient compliance with, or ability to benefit from the administered individual therapy sessions. Additionally, as this is considered a tertiary program, surgeon's remarks about possible R/O of fusion and Dr. ' referral for SI joint injection should be pursued before requesting this program.

ODG states that, to be approved, previous methods of treating the chronic pain have to have been unsuccessful and there must be an absence of other options likely to result in significant clinical improvement".

Given the above, request cannot be established as medically reasonable and necessary.

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)**