

SENT VIA EMAIL OR FAX ON
Dec/07/2009

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Clinical psychologist; Member American Academy of Pain Management

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 9/3/09 and 10/2/09
FOL 11/19/09
6/16/09 thru 9/24/09
FCE 8/19/09
Medical 8/13/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx while performing his regular job duties. The initial evaluation report states that the patient was injured in the course of attempting to rescue co-workers who were trapped under rubble that occurred when a wall fell on them. As a result of running up the stairs, the claimant injured his right knee. The claimant states that in the process of lifting cement blocks, he strained his low back and felt a sharp pain . There is no complete history regarding initial treatment, and report doesn't say whether patient ever attempted to go back to work or has never returned.

Since the injury, patient has been given diagnostics and interventions to include: lumbar MRI, physical therapy, steroid injection, and medication management. Per the peer review, current medications include Flexeril and Naproxyn. Diagnoses are lumbar sprain and right knee sprain. FCE placed the patient at a sedentary level, able to lift/carry 10 pounds on an occasional basis. Job requirement is Light PDL. Patient has been referred by his treating doctor, Dr. for a chronic pain management program which is the subject of this review.

Current treatment appears to be steroid injection which patient did not respond to, “structured physical therapy”, and medications. Current initial and team treatment reports relate patient reporting difficulty with walking more than 30 minutes, standing more than 60 minutes, sitting more than 60 minutes, sleep disturbance with average 4-6 hours sleep per night, medication dependency, and pain related symptoms of nervousness and agitation. Psychometric testing shows mild depression and no significant anxiety (BDI of 17 and BAI of 1), moderate disability complaints (ODI of 38), average perception of pain as being 7/10 VAS, sleep interference, significant fear-avoidance beliefs, and reduced physical capabilities. Patient is diagnosed with Axis I 309.89 Pain Disorder. Current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: weaning of medications by 50%, reduce anxious and depressed symptomatology by 80%, improve overall mobility and functioning, and reduce pain score by 50%. Vocational goal is to return to the workforce full time, full duty. It is reported that patient does have a job to go back to.

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

Goals for the program are vague and generalized, and not really individualized for this particular patient. Initial behavioral report does not include a cohesive history, does not include a mental status exam, and team treatment report has only one signature on it. ODG states that an adequate and thorough evaluation has to have been made. Baseline functional testing was done, but there is no cohesive plan flowing from this testing. Additionally, there is no H&P or physician’s notes, no specific titration schedule with regard to his medications. There is no explanation of how the “dependency” diagnosis is arrived at since patient is on non-narcotic medication. An FCE was administered which states that patient “states that he is compliant with prescribed home care protocols and instructions, however, these have been unsuccessful at alleviating his symptomatology or improving functional abilities. It is not explained why patient failed to respond to previous structured PT program. A stepped-care approach to treatment is recommended by ODG, and has yet to be accomplished. Given the above mentioned contraindications, the current request cannot be considered reasonable or medically necessary.

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)