

SENT VIA EMAIL OR FAX ON
Aug/17/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/17/2010

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 6/7/10 and 7/12/10

FOL 8/2/10

4/21/10 thru 6/25/10

FCE 4/21/10

Peer Reviews 10/2/09 and 4/21/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured in a motor vehicle accident xx/xx/xx when she was on her way to the bank with a deposit and was hit when pulling out of a parking lot. As a result of the accident, report states claimant injured her neck, mid back and low back. There is no comprehensive history regarding initial treatment, and behavioral report doesn't say whether patient went back to work or has never returned.

Since the injury, patient has been given diagnostics and interventions to include: MRI's, EMG's, FCE, physical therapy (12 sessions), and medication management. ESI's and surgery have supposedly been ruled out. Current medications include Vicodin 7.5 (1-2 tabs. Per day), Skelaxin 800 bid, Motrin 800 tid, Cymbalta 60 mg bid, and Klonopin 1 mg bid. Diagnoses are lumbago, lumbar neuritis, cervicgia, and cervical neuritis. FCE placed the patient at a sedentary-light level, able to lift/carry 15-20 pounds on an occasional basis. Job requirement is Light PDL. Patient has been referred by her treating doctor, Dr., for a chronic pain management program which is the subject of this review.

Current initial and team treatment reports relate patient reporting difficulty with walking more than 10 minutes, standing more than 30 minutes, sitting more than 30 minutes, sleep disturbance with average 4-5 hours sleep per 24 hour period, medication dependency, and pain related symptoms of nervousness, agitation, and headaches. Psychometric testing

shows severe depression and mild anxiety (BDI of 31 and BAI of 15), high disability complaints (ODI of 62), perception of pain as being 8710 VAS, sleep interference, significant fear-avoidance beliefs, and elevated pain inventory. Patient is diagnosed with Axis I Pain Disorder and Axis II deferred. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: weaning of medications by 20%, reduce anxious/depressed symptomatology by 80%, improve overall mobility and functioning, and reduce pain score from 7/10 to 3/10. Vocational goal is to create a vocational plan of action.

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 two signatures 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 rationale for why titration schedule is needed and/or why it only goes to 20%, and no specific vocational plan or information about whether previous job is even still an option. An FCE was administered, but no PT or other such eval in order to make specific physical conditioning recommendations for this patient. It is unclear why a patient who is severely depressed, per BDI, was not requested for IPT sessions and is not currently planned to have IPT sessions within this program. A stepped-care approach to treatment is recommended by ODG, and has yet to be accomplished. Explanation regarding why Axis II was deferred is also not elucidated in the report or in the individual therapy note. Also, treatment in these programs is supposed to be multi-disciplinary, and the goals and representations in the treatment plan show no IT, some group therapy, readings, relaxation techniques, coping techniques, etc. 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)