

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/9/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of comprehensive chronic pain management program between 6/3/2010 and 8/2/2010

QUALIFICATIONS OF THE REVIEWER:

Physical Med & Rehab, 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)

80 hours of comprehensive chronic pain management program between 6/3/2010 and 8/2/2010 Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Reviews of case assignment by dated 07/20/2010
2. IRO request form by author unknown, dated 07/19/2010
3. Request for a review by author unknown, dated 07/19/2010
4. Letter by author unknown, dated 06/10/2010
5. Letter by author unknown, dated 04/28/2010
6. Fax page dated 7/20/2010
7. Independent review organization by, dated 7/20/2010
8. Independent review organization by Author unknown, dated 7/19/2010
9. Review organization by Author unknown, dated 7/19/2010
10. Letter by Author unknown, dated 6/10/2010
11. Pre authorization request by Author unknown, dated 6/2/2010
12. Reconsideration request by, dated 6/1/2010
13. Letter by Author unknown, dated 4/28/2010
14. Letter by MD, dated 4/28/2010
15. Letter by MD, dated 4/28/2010
16. Pre authorization request by Author unknown, dated 4/23/2010
17. Care plan by Author unknown, dated 4/9/2010
18. Functional capacity evaluation by Author unknown, dated 4/9/2010
19. Vocational assessment note by, dated 1/28/2010
20. Follow up by, dated 1/28/2010
21. Outcome grid by Author unknown, dated 1/28/2010
22. Team treatment plan by, dated 1/28/2010
23. Health insurance claim form by MD, dated 12/2/2009
24. Independent medical examination by MD, dated 11/19/2009
25. Follow up by, dated 5/18/2009
26. Treatment plan by, dated 5/18/2009
27. Clinical note by Author unknown, dated unknown,
28. Official Disability Guidelines (ODG) dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

A male injured employee who injured his cervical area, lumbar area and right leg on xx/xx/xx. Current physical level is sedentary per FCE on 4/9/10 with heavy physical level required for prior job description. Lumbar MRI done on 8/18/08 showed left central disc herniation. On 7/29/09 EMG showed right S1 radiculopathy. On 11/2/09 x-rays showed retrolisthesis with extension, reduced in flexion. Diagnosis is lumbar disc herniation of L5/S1 with radiculopathy. Treatments have included 28 physical therapy (PT) sessions, one epidural steroid injection, 6 individual psychological treatments and medications including hydrocodone, methocarbamol and naproxen. Lumbar

surgery was offered but declined by the injured employee. He does not have a job to return to, therefore retraining is necessary. Beck Depression and Anxiety Indexes revealed severe levels of both conditions 37 and 32 respectively. Fear avoidance beliefs are severe. SOAPP score was 12, indicated some risk of aberrant behavior. Oswestry Disability index was in the crippled disable range. Global assessment of function was 60. Independent medical evaluation by Dr. recommended CPMP with functional restoration and medication weaning.

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

The injured worker's condition meets ODG screening recommendations for a chronic pain management program (CPMP). The injured employee is within 2 years of injury, has exhausted more conservative measures, incapable of returning to gainful employment at his current functional level, has severe depression, anxiety, fear avoidance and disablement behaviors noted by the CPMP evaluation and IME evaluation by Dr., and is on chronic medications for his symptoms including opioids. A comprehensive multidisciplinary screen has been completed and multifaceted treatment plan has been recommended including functional restoration, psychological pain management treatment strategies, psychological counseling, vocational counseling and medication weaning protocol. The injured worker indicates a willingness to participate in the program, negative predictors have been addressed and no other medical treatment is felt to be medical necessary or was declined, i.e., a lumbar fusion which is recognized by the guidelines as controversial with frequent poor outcomes in the injured worker population. Furthermore a restorative CPMP with medication weaning was recommended by IME Dr.. Recommendation is to overturn the previous denials of a request of 80 hours of comprehensive chronic pain management program between 6/3/2010 and 8/2/2010.

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)