SENT VIA EMAIL OR FAX ON
Sep/13/2010

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Pain Management Program 5 X 2 10 sessions for the lumbar spine and cervical spine

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 7/19/10 an 8/13/10
6/29/10 thru 8/31/10
FCE 6/28/10
Dr. 5/14/10 thru 6/18/10
5/6/10 thru 6/14/10
DDE 5/25/10
Neurosurgical 12/2/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who sustained a work-related injury on xx/xx/xx, apparently from a slip-and-fall type accident. Surgeon office note of 12/09 gives diagnosis of lumbar radiculopathy, HNP L4-5 and L5-S1 and S1 nerve root compression. At the time, patient rated her pain 6/10. Surgery was accomplished to include decompression and diskectomy.

Patient was evaluated by on 6/29/10, where they found the following: feelings of frustration, fear of re-injury, high stress levels, low self-worth, and poor sleep duration. BDI was 29 and BAI was 47. FCE was conducted in, near where patient resides, and show muscle weakness and deficits overall. Current pain is rated as a 7-8/10. Request is for CPMP, first ten sessions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Patient has continued pain complaints, which supposedly have increased from pre-surgically. A thorough evaluation has not been conducted, as per ODG. There is no multi-system current medical evaluation available, and no information regarding whether or not patient responded to her work conditioning or work hardening programs. There is no mental status exam, no Axis V diagnosis, no indication of what meds patient is taking. Likewise, there is no explanation regarding if patient was referred for a psychotropic med evaluation. There is no

specific titration schedule available for review that shows the MD has approved of and discussed this course of treatment with the patient, if necessary. Records do seem to indicate that the stepped-care approach to therapy has been followed, with patient participating in lower level of IPT, but therapy notes and reasons for non-improvement are not noted. As such, medical necessity cannot be established at this time

Bruns D. Colorado Division of Workers' Compensation, Comprehensive Psychological Testing: Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. 2001.

See also:

Psychological treatment 2010 Pain Chapter:

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)