

SENT VIA EMAIL OR FAX ON
Mar/29/2011

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek, Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329

Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional 10 Chronic Pain Management Program visits

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

Board Certified PMR and 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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a XX-year-old male whose date of injury is XX/XX/XXXX. On this date the patient fell out of a truck. He states that he missed the first step, fell all the way to the ground landing on his buttocks and cutting his right shoulder on a toolbox of the truck that was parked right next to him. He states he had some injections, returned back to work, and was doing well but his work is heavy and he seems to have exacerbated his pain. The patient is not a surgical candidate. PPE dated 08/24/10 indicates that current PDL is medium and required PDL is very heavy. Mental health assessment dated 08/24/10 indicates BDI is 13. Psychological testing results dated 09/17/10 indicates that treatment to date includes physical therapy and injections. MMPI-2 profile indicates that there are no indications of over or under reporting. Diagnosis is pain disorder with both psychological factors and a general medical condition, chronic, secondary to the work injury.

Peer review dated 09/14/10 indicates that the current medical condition is that the patient had alleged recurrence of severe low back pain on xx/xx/xx while throwing rope over a load. The peer reviewer notes that the patient's subjective symptoms and overreaction both after the XX/XX/XX event and the xx/xx/xx work event do not correlate with the objective findings on physical examination or on the lumbar MRIs that have been performed. Review of the lumbar MRIs from xxXX and xxxx identified minimal disease of life findings. The types of findings identified in this morbidly obese XX-year-old male are not acute either in xxXX or xxxx, but rather are disease of life findings.

PPE dated 12/28/2010 indicates that the patient has completed 10 session of chronic pain management program; current PDL is medium and required PDL is very heavy. Evaluation dated 01/19/11 indicates that BDI is 16. Pain level is unchanged at 6/10. The patient has decreased his usage of Hydrocodone/APAP 5/500 from 1-4 po daily to 1-2 po qd prn. PPE dated 01/20/11 indicates that the patient's current PDL after 20 sessions of chronic pain management program is medium heavy. Evaluation dated 01/25/11 indicates that pain and anxiety are unchanged; irritability, depression and BDI have increased; and frustration, tension, sleep disturbance and forgetfulness have improved.

Initial request for chronic pain management program x 10 sessions was non-certified on 01/31/11 noting that the patient has completed 20 sessions of the program as well as extensive prior conservative treatment. The request for additional CPMP is outside ODG, and it is unlikely that 10 additional days will be of any significant benefit. The denial was upheld on appeal dated 02/28/11 noting that the request exceeds ODG recommendations, and it is likely that the patient will not reach the initial goals set and will be unable to return to his previous employment. The patient's plan is to seek alternative employment with a lower physical demand and thus additional chronic pain management program visits are not medically necessary.

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

Based on the clinical information provided, the request for additional 10 chronic pain management program visits is not recommended as medically necessary. The patient has completed 20 sessions of chronic pain management program to date without significant improvement. The Official Disability Guidelines generally support up to 20 sessions of chronic pain management program. The patient's physical demand level improved only from medium to medium heavy after completion of 20 sessions of the program. The patient's BDI, depression and irritability have increased while the patient's subjective pain report remained unchanged. It is unlikely that the patient will reach his required physical demand level of very heavy with 10 additional sessions of the program. Given the current clinical data, the request for additional 10 chronic pain management program visits is not indicated as medically necessary, and the two previous denials are upheld.

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 KNOWLEDGBASE
- 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)