SENT VIA EMAIL OR FAX ON
Apr/20/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 additional hours of chronic pain management program (10 sessions)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Anesthesiologist/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
1. Cover sheet and working documents
2. Utilization review determination dated 03/04/11, 03/18/11
3. IRO documentation
4. Work hardening treatment plan dated 01/17/11
5. Psychological evaluation dated 01/17/11
6. Work hardening program weekly progress note dated 01/24/11, 01/31/11, 02/07/11, 02/14/11
7. Functional capacity evaluation dated 01/26/11, 12/27/10
8. PPE dated 02/23/11
9. Medical records Dr.
10. Reevaluation dated 02/21/11
11. Appeal letter dated 03/10/11
12. Chronic pain management program progress note dated 03/07/11, 02/21/11
13. Medical records Dr.
14. Designated doctor evaluation dated 09/20/10, 07/19/10

15. Medical records Dr.
16. Medical records Dr.
17. Medical records Dr.
18. Peer review dated 06/08/10
19. Precertification request dated 02/23/11, 01/31/11
20. MRI thoracic spine dated 10/07/10
21. EMG/NCV dated 05/24/10
22. MRI lumbar spine dated 05/20/10

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is XX/XX/XXXX. On this date the patient was lifting some heavy boxes and hurt his low back. MRI of the lumbar spine dated 05/20/10 revealed small central disc extrusion at L4-5 with contact of the left greater than right L5 nerve root; all other levels are normal. EMG/NCV dated 05/24/10 is reported to be a normal study. MRI of the thoracic spine dated 10/07/10 revealed right paracentral disc protrusion at T3-4 which narrows the ventral subarachnoid space and contacts the ventral cord surface. Peer review dated 06/08/10 indicates that the extent of injury is a lumbar strain with possible disc herniation at L4-5. Designated doctor evaluation dated 09/20/10 indicates that the patient has not reached MMI. Treatment to date is noted to include diagnostic testing, physical therapy, epidural steroid injection and medication management. Functional capacity evaluation dated 12/27/10 indicates that required PDL is medium and current PDL is sedentary/light to light/medium. Psychological evaluation dated 01/17/11 indicates that current medication is muscle relaxer at bedtime and Hydrocodone 4-6 hours. BDI is 45 and BAI is 25. The patient subsequently completed 10 sessions of work hardening program. Progress note dated 02/14/11 indicates that current PDL is medium. BDI is 17 and BAI is 50. PPE dated 02/23/11 indicates that the patient has completed 10 sessions of work hardening and 10 sessions of chronic pain management. Follow up note dated 02/28/11 indicates that the patient's low back pain is unchanged despite CPMP, and the patient reports that the physical component of the program increases his back pain.

Initial request for 80 additional hours of chronic pain management program was non-certified on 03/04/11 noting the patient has undergone 10 sessions of CPMP and there is no improvement in psychological values or functional capacity. The denial was upheld on appeal dated 03/18/11 noting the lack of improvement and the possibility of alternative treatment as the patient was approved for lumbar decompression surgery, but the patient chose not to have the surgery.

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 80 additional hours of chronic pain management program (10 sessions) is not recommended as medically necessary, and the two previous denials are upheld. The patient has recently completed 10 sessions of work hardening and 10 sessions of chronic pain management program. The initial functional capacity evaluation prior to work hardening indicates that the patient's required PDL is medium, and the patient is currently functioning at the medium PDL. The submitted records fail to document significant improvement as a result of the initial sessions of CPMP. The patient reported that the physical component of the program increased his back pain, and reported that his low back pain was unchanged despite CPMP. Given the lack of significant progress in the initial 10 sessions of the program, the request 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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES