

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/12/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

12 Chronic Pain Management Program Visits

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

M.D., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

**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**

Official Disability Guidelines and Treatment Guidelines, Pain

Utilization review determinations 10/27/11, 11/09/11

Request for medical dispute resolution 11/28/11

Request for services 10/21/11

PPEs 10/20/11, 06/03/11

Office visit notes 05/27/11, 04/26/11

Daily progress notes 03/17/11, 03/25/11

Anesthesia record 01/11/11

EMG/NCV 05/17/11

Functional capacity evaluation 03/30/11

ROM/CMT testing 03/25/11, 02/22/11

Letters 11/22/11, 11/30/11

Patient reevaluations 10/05/11, 06/20/11

Operative note 09/27/11

Designated doctor evaluation 06/25/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. She was injured while she stooped down to lift a water jug under a table. As she swung the water jug she felt immediate pain in the low back and right lower extremity. She has been treated with spinal injection x 2, medication management, diagnostic testing, physical therapy and work hardening x 20 sessions. FCE from 03/30/11 indicates that current PDL is light. PPE dated 06/03/11 indicates that the patient has completed 10 sessions of work hardening and current PDL is medium. Designated doctor evaluation dated 06/25/11 reports that the patient reached MMI as of this date with 5% whole person impairment. The patient underwent right SI joint injection on 09/27/11. PPE dated 10/20/11 indicates that she has completed 20 sessions of

work hardening and Oswestry score remains in the crippled range. BDI is 40 and BAI is 13. A request for chronic pain management was denied on 10/27/11 noting that the patient already had a work hardening program just a few months ago, and this appears to be a stepping-stone from a less intense program. The provider of the work hardening is the same as the provider requesting the chronic pain management program. This denial was upheld on 11/09/11 noting that the patient has previously completed 20 sessions of work hardening and the Official Disability Guidelines do not recommend reenrollment in or repetition of the same or similar rehabilitation program. While the BDI is exceedingly high, she is not on any antidepressant medication.

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

This female presents with a significantly elevated Beck Depression Inventory score; however, there is no indication that she has undergone psychometric testing with validity measures to establish the validity of her subjective reports. According to the records, she recently completed 20 sessions of work hardening and remains unable to return to work at her required physical demand level. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program and note that chronic pain management programs should not be used as a stepping-stone after less intensive programs. Based on the records reviewed and the ODG criteria for pain management programs, the reviewer find that 12 Chronic Pain Management Program Visits are not medically necessary for this patient at this time.

**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)