

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 01/28/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 10 sessions of Chronic Pain Program 8 hours daily CPT: 97799

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 03/31/09 - Psychological Evaluation
2. 06/16/09 - Mental and Behavioral Health Consultation & Progress Note
3. 06/22/09 - Mental and Behavioral Health Consultation & Progress Note
4. 06/24/09 - Mental and Behavioral Health Consultation & Progress Note
5. 08/11/09 - Mental and Behavioral Health Consultation & Progress Note
6. 08/21/09 - Mental and Behavioral Health Consultation & Progress Note
7. 08/25/09 - Mental and Behavioral Health Consultation & Progress Note
8. 01/04/10 - Peer Review
9. 06/15/10 - Psychological Evaluation - Ph.D.
10. 06/15/10 - BHI-2 Basic Interpretive Report
11. 09/30/10 - Pre-Certification Request
12. 10/07/10 - Physician Advisor Report
13. 10/15/10 - Clinical Note - M.D.
14. 11/23/10 - Appeal Request

16. Official Disability Guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury on xx/xx/xx when she fell and injured her back. The employee sustained a fracture at L2.

The clinical notes begin with a psychological evaluation on 03/31/09. Current medications included ibuprofen 800 mg. The employee's BDI score was 26, indicating moderate depression. The employee's BAI score was 26, indicating moderate anxiety. The employee was assessed with chronic pain disorder. The employee was recommended for individual psychotherapy.

The employee attended six individual psychotherapy sessions from 06/16/09 through 08/25/09.

The employee was seen for psychological evaluation on 06/15/10. The employee currently complained of pain in the low back and hips. Current medications included ibuprofen 800 mg. The employee's BDI score was 17, indicating mild depression. The employee's BAI score was 23, indicating mild anxiety. The employee's GAF score was 53. The employee was assessed with chronic pain disorder associated with both psychological features and general medical condition. The employee was recommended for chronic pain management.

A BHI-2 test was administered on 06/15/10. The employee scored high on the somatic complaints scale, moderately high on the pain complaints scale, low on the hostility scale, low on the borderline scale, and low on the chronic maladjustment scale. The functional complaints scale was invalid and the job dissatisfaction scale was not rated.

The request for ten sessions of chronic pain management was denied by utilization review on 10/07/10. The employee sustained a mild L2 compression fracture over two years ago and should be fully recovered from that condition. It was not clear that there was a physical component to the claimant's current presentation. Given that the employee had been off work for greater than twenty-four months, it is not clear what outcomes would be expected or why such an intensive treatment regimen would be needed.

The employee saw Dr. on 10/15/10. The employee complained of low back pain exacerbation as a result of a recent cold front. The employee stated the pain radiated into the left buttocks and into the left lower extremity. The employee rated the pain at 8 out of 10 without medications and 5 to 6 out of 10 on medications. Current medications included ibuprofen 800 mg. Physical examination revealed tenderness to palpation of the L4 through S1 facets bilaterally, left greater than right. Kemp test was positive on the left. There was marked left sacroiliac joint tenderness. There was increased myospasm. The employee was assessed with lumbar sprain/strain, lumbar

facet syndrome, left sacroiliitis, resolved cervical sprain/strain, and resolved thoracic sprain/strain. The employee was recommended for lumbar facet injection therapy. The employee was continued on ibuprofen 800 mg.

The request for ten sessions of chronic pain management was denied by utilization review on 12/03/10 as the length of time the claimant was removed from the onset of symptoms would be a poor predictor of benefit from the requested program. The claimant was not on narcotic medication for management of pain symptoms. The employee was previously placed at a level of Maximum Medical Improvement (MMI) by a designated doctor. Such a designation typically indicates that ongoing medical treatment would not be expected to enhance the physical status of an individual.

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

The employee does not meet the guidelines recommendations for a pain management program. Based on the clinical documentation, it is unclear if the employee has reasonably exhausted all lower level of care. It is unclear if surgery has been ruled out for this employee. Conservative treatment, such as facet injection which was recommended for this employee, has not been attempted, per the clinical documentation provided. It is unclear if the employee has an excessive amount of dependence on the healthcare system as she is only taking Ibuprofen and she is not routinely or excessively seeking medical care. Given the employee's minimal functional deficits and given the length of time the employee has been out of work, it is unclear what functional improvement would be expected from a chronic pain management program at this time. As such, medical necessity for a chronic pain management program is not supported.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines, Online Version, Pain Chapter.