

SENT VIA EMAIL OR FAX ON
Dec/28/2010

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5 X 2

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines; Denial Letters 11/29/10 and 12/10/10; 10/25/10 thru 12/20/10; PPE 11/1610

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work-related injury on xx/xx/xx, apparently subsequent to bending over to pick something up off the floor. Lumbar MRI of 4/14/09 showed lumbar spondylosis and L5-S1 small disk protrusion. Patient FCE placed her at Sedentary-Light PDL, with RTW PDL being Medium. Patient supposedly failed individual therapy application previous to this request for the first ten sessions of CPMP.

Patient was evaluated by on 10/25/10, where they found the following: symptoms of depression and anxiety, feelings of frustration and inadequacy, fear of re-injury, high stress levels, low self-worth, and poor sleep duration. SOAPP was a 45, BDI was 48 and BAI was 32. Current pain is rated as a 6/10 on the FCE and an 8/10 on the behavioral eval. Request is for CPMP, first ten sessions. Generalized goals are to improve coping skills, social skills, social support, self-esteem, functioning, and vocational skills.

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

Patient has continued pain complaints 18 months after bending over to pick something up from the floor. A thorough multidisciplinary 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, or has had, any other interventions. There is no mental status exam, no Axis V diagnosis, and no indication of what meds patient is taking. Likewise, there is no explanation regarding if patient was referred for a psychotropic med evaluation, given her extremely high BDI score. 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. After failure of IPT, treatment with a more intensive behaviorally based program is not indicated. As such, medical necessity cannot be established.

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)