

SENT VIA EMAIL OR FAX ON
Jan/13/2011

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 chronic pain management sessions

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

Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

Licensed by the Texas State Board of Medical Examiners

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 12/6/10, 12/8/10, 12/11/10

10/10/10 thru 11/5/10

Orthopedics 9/28/10

Electrodiagnostics Consultation 8/2/10

FCE 12/2/10

MRI 5/28/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a Male who sustained a work related injury on xx/xx/xx while on the normal course of his employment. He states that he was lifting an eighty-pound bag of cement when he felt a popping sensation in his lower back. This was followed by numbness and

immediate pain. He states his employer is willing to take him back. He is very motivated to return to work, however, he has difficulty doing heavy lifting. His job requires heavy lifting. He has not had any surgeries. He underwent some physical therapy without any pain relief. The most recent surgical evaluation shows that he is not a surgical candidate. Additionally, he is not medically cleared to resume heavy work but is classified in a medium work category. He completed four individual counseling sessions that he says helped him significantly to better cope with his injury. He is less depressed, irritable and isolated. He is sleeping six hours and resting better with less anxiety. He continues to complain of persistent back pain of 5/10 that is aggravated by walking and standing. He had 10 sessions of work hardening, but was unable to tolerate the program due to an increase in back pain.

A request was made for 10 chronic pain management program sessions to address the depressed/anxious mood and increase his coping skills. This was denied on initial appeal and reconsideration. The rationale given by the reviewer is that ODG recommends psychological testing incorporating measures with validity scales such as the MMPI. The reviewer also states that re-enrollment in the same or similar rehabilitation program (e.g., work hardening) is not medically warranted for the same condition or injury. The second reviewer also criticized the tests that were used to assess this patient. Additionally, this reviewer stated that prior to admission to a CPMP, all available treatment should be exhausted. It is noted that the claimant made substantial progress after four sessions of individual psychotherapy. It seems unreasonable not to provide additional psychotherapy to implement additional behavioral change and behavioral/psychological improvement.

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

ODG does require "a complete diagnostic assessment, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain." Under the section of Behavioral Interventions, ODG recommends an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of functional improvement, a total of up to 6-10 visits over 5-6 weeks. With severe psych comorbidities, a total of up to 13-20 visits over 13-20 weeks. Thus, ODG does permit this patient to have additional psychotherapy sessions at this time, as they have been helpful to him in the past. The request is medically necessary.

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)