

SENT VIA EMAIL OR FAX ON
Jul/14/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program 5 x wk x 2 wks

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD board certified physical medicine and rehabilitation/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

1. Utilization review determination 05/18/11 regarding non-certification initial chronic pain management program five times a week times two weeks
2. Utilization review determination 06/16/11 regarding non-certification appeal request initial chronic pain management program five times a week times two weeks
3. Request for medical dispute resolution 06/28/11
4. Request for reconsideration 06/09/11
5. Updated request for services 05/10/11
6. Functional capacity evaluation 03/25/11
7. EMG/NCV bilateral upper extremities 12/28/10
8. claims management independent review organization summary 06/30/11
9. Employer's first report of injury or illness xx/xx/xx
10. Notice of disputed issues and refusal to pay benefits 02/23/11
11. Workers' compensation request for medical care/release for medical information 08/09/10
12. Medical Group progress notes

13. Initial evaluation and progress notes DC
14. EMG/NCV study bilateral lower extremities 10/06/10
15. Physical therapy evaluation 08/09/10
16. Initial interview and individual progress notes LMSW
17. Pain management consultation MD 12/20/10
18. Peer review MD 01/27/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xx. She reported slipping on a tube of lip gloss and falling backwards. She complains of pain in the right shoulder, right side low back to right buttocks. The injured employee has a total of 28 physical therapy/chiropractic visits from 08/23/10 through 03/14/11. The injured employee also completed three sessions of cognitive behavioral therapy from 12/09/10 through 12/28/10. Records indicate her Beck depression inventory increased following psychotherapy from 19 to 24 and Beck anxiety inventory from 21 to 50.

A request for initial chronic pain management program five times a week times two weeks was reviewed on 05/18/11 and determined to be non-certified as medically necessary. The reviewer noted that no functional capacity evaluation was submitted, but peer to peer discussion with Dr. reported that the injured employee had an FCE on 03/25/11 and was at a sedentary physical demand level with job required physical demand level of medium. Dr. further reported that all treatment had been exhausted. Accepted injuries were noted as sprain strains and contusion. It was noted that the injured employee had not had active treatment this year and has not attempted to return to work. She is not taking narcotic medications. Based on available information the request was determined not to be reasonable and necessary per evidence based guidelines.

An appeal request for initial chronic pain management program was reviewed on 06/16/11 and determined to be non-certified as medically necessary. It was noted that treatment of contusions and sprain/strains do not include chronic pain management program. It was noted that the injured employee has underlying psychological/situational and behavioral issues that did not evolve from her trip and fall injury described on xx/xx/xx. It was noted that Beck depression index increased following psychotherapy from 19 to 24 and Beck anxiety index from 21 to 50. It was further noted that the functional capacity evaluation of 03/25/11 was not validated, with Waddell's documented. Reviewer noted that the injured employee has been in the care of the same providers for greater than nine month and there has been no evidence of functional impact/improvement, nor have any attempts been made at return to work with no documented intent to wean the injured employee off of her dependence on seeking continued care.

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

Based on the clinical data provided for review, medical necessity is not established for initial chronic pain management program five times a week times two weeks. The injured employee sustained a slip and fall injury on xx/xx/xx. She has undergone extensive physical medicine/chiropractic care, trigger point injections, diagnostic studies, medications and individual psychotherapy/cognitive behavioral therapy. The injured employee has not demonstrated significant improvement in response to any treatment to date. After undergoing individual psychotherapy, the injured employee demonstrated worsening on Beck depression inventory and Beck anxiety inventory scores. The patient's BAI is 50 which is questionable, and there is no indication that the patient has undergone psychometric testing with validity measures to establish the validity of the patient's subjective complaints. There was no indication that the injured employee has had a trial of psychotropic medications in conjunction with individual psychotherapy. Given the current clinical data, it does not appear that lower levels of care have been exhausted. Given the injured employee's high levels of depression and anxiety, it does not appear that she is sufficiently stabilized from a psychological perspective to fully participate in and benefit from a chronic pain management program.

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