SENT VIA EMAIL OR FAX ON
Jul/18/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Initial Chronic Pain Management x 10 visits

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Physical Medicine Rehabilitation / Pain Management

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was injured while lifting a heavy object and experienced sudden onset of low back pain. MRI of lumbar spine performed on 07/02/10 revealed moderate narrowing of right L4 foramen due to right lateral disc protrusion at L4-5 level as well as right sided facet arthropathy. There was minor bilateral facet arthropathy at L5-S1. A functional capacity evaluation performed on 06/08/10 reported the patient functioning at sedentary physical demand level with job classified as medium heavy physical demand level. It was noted that there were positive Waddell's signs for symptom magnification. Repeat functional capacity evaluation on 01/13/11 again reported the injured employee to be at a sedentary physical demand level, and again positive Waddell's signs were noted for possible magnification or exaggeration of symptoms.

A utilization review determination dated 04/11/11 found that initial chronic pain management x 10 visits was non-certified as medically necessary. The injured employee was noted to be a 370 lb male, but height was not documented. He has had diagnostics and injections. He reportedly had 3 physical therapy sessions and received medications from "donations" by family and friends. Medications were listed as Opana, Norco, Skelaxin, Lexapro, Lyrica, Ambien, Aspirin, Metformin, Lipitor, Nitroquick, and Lidoderm patches. The injured employee rates pain as 9/10 and reports decreased sleep. Psychological evaluation reported BDI of 43 and BAI of 31. Functional capacity evaluation dated 01/13/11 noted the injured employee is

at sedentary physical demand level with medium – heavy physical demand level required by job. Positive Waddell's signs were noted. Designated doctor evaluation dated 03/07/11 noted the injured employee is at MMI with 5% impairment. It was noted that the injured employee has not attempted to return to work in any capacity or has tried to pursue any retraining or reduced medication use. CPMP was requested as a "last resort" for treatment and injured employee needs to be weaned from medications.

A utilization review determination dated 05/09/11 found that appeal request for initial chronic pain management x 10 visits was non-certified as medically necessary. The injured employee was noted to be a massively obese male who sustained lifting injury on xx/xx/xx. The reviewer noted that functional capacity evaluation provided no physiological monitoring, and results were not validated or likely reproducible. It was further noted that it was curious as to how use of upper extremity ergo bike results in reported radicular symptoms in right leg. During peer discussion it was noted there were drug screens reportedly positive for opioids. The reviewer noted the injured employee is being prescribed more than opioids. It was determined there was no basis to alter or amend the prior adverse determination.

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

The clinical information provided does not support a determination of medical necessity for initial chronic pain management x 10 visits. The injured employee is noted to have sustained a lifting injury to low back on xx/xx/xx. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. It appears he has had limited conservative treatment including medications and facet injections. He reportedly has had 3 physical therapy visits. There is reference to individual psychotherapy, but no therapy progress notes were submitted for review. There is no indication the patient has had a trial of psychotropic medications in conjunction with individual psychotherapy. Moreover, the injured employee's current BDI is 43 and BAI is 31. BDI in excess of 40 is indicative of symptom magnification / malingering. The injured employee also has evidence of symptom magnification on functional capacity evaluation. There is no indication that the patient has undergone psychometric testing with validity measures such as MMPI to establish the validity of the patient's subjective complaints. Given the current clinical data, noting that lower levels of care have not been exhausted, the request for chronic pain management x 10 initial visits is not indicated as medically necessary. Moreover, noting the reportedly severe levels of depression and anxiety, it does not appear the injured employee is sufficiently stable to fully participate in and benefit from 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