

SENT VIA EMAIL OR FAX ON
Jul/20/2011

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of chronic pain management program, CPMP, at Rehabilitation Center

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

Board Certified PMR and 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. Prospective review response 07/07/11
2. Request for IRO
3. Utilization review determination 05/18/11
4. Fax cover sheets
5. Utilization review determination 06/06/11
6. Request for additional chronic pain program 10 sessions 05/27/11
7. MRI cervical spine 09/24/10
8. MRI lumbar spine 09/24/10
9. EMG/NCV study 10/01/10
10. Clinical records Medical Center
11. Clinical records Dr.
12. Clinical records Dr.
13. Psychiatric evaluation 02/22/11
14. Physical performance evaluation 02/22/11

15. Chronic pain management program notes 04/13/11
16. Impairment rating 04/07/11

PATIENT CLINICAL HISTORY SUMMARY

The records indicate that the claimant was involved in a motor vehicle accident while working as a on xx/xx/xx. She is reported to have been rear ended by another vehicle causing injuries to her neck and low back. She's noted to be 5'7" and weighs approximately 260 pounds. She subsequently was diagnosed with cervicgia secondary to a sprain strain with facet syndrome lumbar strain. She has been treated with oral medications, physical therapy, trigger point injections, a left cervical facet medial branch block. She's previously been returned to work at fully duty. She was later referred to pain management for additional treatment. On evaluation by Dr. on 11/05/10 the claimant is noted to have an exaggerated pain response to minimal skin palpation. She had awkward non-physiologic movements. There's evidence of secondary gain issues. She's undergone MRIs of both the cervical and lumbar spines on 09/24/10 which showed minimal pathology including small disc protrusion at C6-7 with no central canal or foraminal stenosis. EMG/NCV of the bilateral upper extremities and bilateral lower extremities are normal. She has completed 20 days of chronic pain management program. A request was subsequently placed for 10 additional sessions of a chronic pain management program. The initial review was performed by Dr. who notes that the claimant has completed a 20 day program and made an acceptable level of progress and that current evidence based guidelines only support a 20 day program or the equivalent. He notes that over the last two weeks of the program there were minimal changes indicating she is reaching a plateau. He opines that the max benefit has been reached with the formal program and documentation as submitted does not support the 10 additional sessions. The appeal was reviewed by Dr. who non-certifies the request reporting the claimant has decreased her reliance on medication and only takes on Tramadol per day. Her BDI and BAI are within normal range. She has improved from a sedentary to medium physical demand level. He notes that the Official Disability Guidelines do not support more than 20 days of chronic pain management. She's no longer on narcotic medications and she has minimal additional lifting requirements to achieve and therefore opines that additional 10 sessions would not be medically necessary.

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

The request for 10 additional sessions of chronic pain management program is not supported by the submitted clinical information. Based upon the submitted clinical information and previous determinations are upheld. The available medical records indicate that the claimant was involved in a motor vehicle accident on the date of injury. She has chronic complaints involving both the cervical and lumbar spine for which she has received extensive conservative treatment. She's undergone extensive diagnostic testing which notes minimal changes to the cervical and lumbar spines, no electrodiagnostic evidence of either cervical or lumbar radiculopathy. The claimant subsequently was appropriately referred to a chronic pain management program where she has completed 20 sessions. The pain management records indicate that the claimant has reached a plateau in care while meeting important goals of the program which include medication reduction and improved physical performance. The claimant has progressed from a sedentary to a medium physical demand level and can be returned to work without restrictions. Based upon the totality of the clinical information the previous denials were appropriate and consistent with current evidence based guidelines.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES