

SENT VIA EMAIL OR FAX ON
Jun/16/2011

Pure Resolutions Inc.

An Independent Review Organization
990 Hwy 287 N., Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0870
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Health and Behavioral Interventions

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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient felt a pop in his lower back with immediate pain. Treatment to date is noted to include PT x 30, diagnostic testing and epidural steroid injection. Diagnoses are listed as chronic low back pain; lumbar disc displacement and lumbar radiculopathy. Behavioral medicine evaluation dated 03/08/11 indicates that current medication is OTC Advil. BAI is 5 and BDI is 5. The patient was subsequently recommended for health and behavior interventions. Diagnoses are adjustment disorder, unspecified; and pain disorder associated with both psychological factors and a general medical condition. The patient underwent bilateral lumbosacral facet medial branch blocks at L4 and L5 on 05/25/11.

Initial request for health and behavioral intervention was non-certified on 03/25/11 noting that the injury is over x years old and the patient's presentation is consistent with a chronic pain disorder. ACOEM guidelines state, "There is no quality evidence to support the independent/unimodal provision of CBT for treatment of patients with chronic pain syndrome". Cognitive therapy for depression or anxiety is only appropriate when it is the primary focus of treatment, which is not the case with this patient who is reporting chronic pain. This request is also not consistent with ODG and ACOEM guidelines concerning the use of individual psychotherapy with this type of patient who is reporting chronic pain. The evaluation indicated that psychological symptoms were minimal. The denial was upheld on appeal dated 04/21/11 noting that a request for psychological treatment to meet criteria for a request for a return to work program is not a sufficient rationale to approve such treatment. It is not clear why the patient has not attempted to return to work in some capacity and why it took two years to refer for psychological treatment.

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

Based on the clinical information provided, the request for health and behavioral interventions is not recommended as medically necessary, and the two previous denials are upheld. There is no indication that the patient presents with significant psychological indicators which have impeded his progress in treatment completed to date or affected his ability to return to work. There is no indication that the patient has attempted to return to work. Current evidence based guidelines note that Cognitive therapy for depression or anxiety is only appropriate when it is the primary focus of treatment, which is not the case with this patient who is reporting chronic pain and has been diagnosed with chronic pain syndrome. As stated by the previous reviewer, a request for psychological treatment to meet criteria for a request for a return to work program is not a sufficient rationale to approve such treatment. Given the current clinical data, the request is not indicated as medically necessary.

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