

SENT VIA EMAIL OR FAX ON
Jun/16/2011

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 80 hours

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

Licensed Psychologist

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 female whose date of injury is xx/xx/xx. On this date the patient was stepping backwards with a rolling rack and stepped into a drainage hole, twisted her ankle and fell on her buttocks. The patient subsequently presented to the emergency room in October 2008 secondary to bending over to pick up some oxygen tubing. Impairment evaluation dated 11/24/10 indicates that the patient reached MMI as of 07/26/06 with 5% whole person impairment. Functional capacity evaluation dated 11/24/10 indicates that required PDL is heavy and current PDL is sedentary. Designated doctor evaluation dated 12/22/10 indicates that treatment to date includes diagnostic testing, physical therapy, medication management, epidural steroid injections. The peer reviewer notes that the patient sustained a self-limiting soft tissue injury to the lumbar spine, most likely a lumbar strain and coccygeal contusion. Relative silence of the clinical records between 2005 and 2008 suggest resolution of the soft tissue injuries. There is no indication for ongoing medical treatment related to the injury event at issue. The patient was opined to have reached MMI by the end of 2005 and should have been released to resume activities at that time. Mental health evaluation dated 03/20/11 indicates current medications are Fentanyl patch, Lortab, Flexeril, and Naprelan. BDI is 25 and BAI is 9. Diagnoses are adjustment disorder with depressed mood and pain disorder associated with psychological factors and a work related injury.

Initial request for chronic pain management program was non-certified on 04/21/11 noting that the patient has not had active treatment since 2006 and there are gaps in treatment. A designated doctor evaluation on 12/22/10 noted that no further treatment is reasonable and she is at MMI with a 5% impairment rating as of 07/26/06. It is unclear why there has not

been an attempt to reduce her medications or even if she has attempted a home exercise program. The denial was upheld on appeal dated 05/17/11 noting that the injury is limited to a self-limited soft tissue lumbar strain. The patient was previously placed at MMI with 5% impairment. She has not had active treatment since 2006. There is no demonstrated motivation to wean from medications or to return to gainful employment.

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 chronic pain management program x 80 hours is not recommended as medically necessary. The patient sustained injuries nearly x years ago. The Official Disability Guidelines do not recommend chronic pain management programs for patients whose date of injury is greater than 24 months old. The submitted records indicate that the extent of the patient's injury is a self-limited soft tissue lumbar strain. The patient has not undergone any active treatment since 2006. The patient has been placed at MMI by a designated doctor as of 07/26/06 with 5% whole person impairment. Designated doctor evaluation dated 12/22/10 indicates that there is no indication for ongoing medical treatment related to the injury event at issue. Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary, and the two previous denials are upheld.

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