

SENT VIA EMAIL OR FAX ON
Jun/13/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Program (functional restoration) X 32 hours

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

Board Certified Anesthesiologist/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. Cover sheet and working documents
2. Utilization review determination dated 05/03/11, 05/13/11
3. Progress/staffing note dated 04/21/11
4. Office visit note dated 03/31/11, 03/04/11, 02/11/11, 01/14/11, 12/03/10, 12/22/09, 12/15/09, 11/04/09, 10/29/09, 04/19/11
5. Letter dated 05/25/11
6. Peer review dated 11/07/10
7. Reconsideration letter dated 05/04/11
8. Override letter dated 05/18/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was with coworkers when he slipped on wet ground and fell on his buttocks. Treatment to date is noted to include epidural steroid injections, SI joint injection, diagnostic testing, physical therapy, medication management. Note dated 12/15/09 indicates that the patient has completed a 10 day trial of Stay At Work approach to a work conditioning program with limited progress. Peer review dated 11/07/10 indicates diagnosis is chronic low back pain, and it is more probable than not that the effects of the 06/15/09 work event that was a lumbar strain have in all probability resolved. Additional PRIDE program has been ordered, though the patient has failed the 10 days of PRIDE program in the past, and there is no medical probability that an additional 10 days of the program will be reasonable or meet ODG criteria. Note dated 12/03/10 indicates that the patient is about 3 weeks status post L5 fusion and decompression at the L4 level. Note dated 03/04/11 indicates that the patient has completed postoperative PT. The patient's current PDL is noted to be below sedentary and required PDL is heavy. The patient is reported to be ready to resume his functional restoration program that was interrupted by his fusion surgery. Note dated 04/19/11 indicates that the patient is making excellent progress in the program and current PDL is medium. Progress note dated 04/21/11 indicates that the patient has completed 160 hours of CPMP. Pain level

has improved from 7 to 3-6/10. The patient has successfully completed taper from narcotic medication. GAF has increased from 47 to 59.

Initial request for 32 hours of chronic pain program was non-certified on 05/03/11 noting that the patient has met all of the important goals of the program. He is off opiates and is performing in a medium heavy PDL. There is no need for 32 hours of CPMP simply to increase the patient's lifting ability to some theoretical value. The patient can work out at home to increase his lifting ability by more than 10 pounds. The patient does not have a job to return to. The denial was upheld on appeal dated 05/13/11 noting that the patient has met the maximum amount of treatment outlined within the ODG guidelines for multidisciplinary pain management program. The patient is off opioids. There is no objective, evidence to support psychosocial or behavioral issues which need to be further assessed. An additional 32 hours of the program solely to increase his PDL levels does not seem reasonable.

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 program (functional restoration) x 32 hours is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 160 hours of the program to date and has met all significant goals of the program. The patient has successfully completed taper from narcotic medication. The patient's current physical demand level is medium heavy. The Official Disability Guidelines recommend no more than 160 hours of chronic pain program without clear rationale for the specified extension and reasonable goals to be achieved. The sole rationale provided to support exceeding ODG guidelines is to increase his PDL to heavy. However, this can be accomplished with a lower level of care to include an independent, self-directed home exercise program. 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

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)