SENT VIA EMAIL OR FAX ON
Jun/21/2011

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management X 10 days

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

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
OD Guidelines
1. Cover sheet and working documents
2. Utilization review determination dated 03/30/11, 04/15/11
3. Request for 10 days of a chronic pain management program dated 03/24/11
4. Program design
5. PPE dated 03/17/11
6. History and physical dated 03/14/11
7. Chronic pain management goals of treatment dated 03/15/11
8. Assessment/evaluation for CPMP dated 03/17/11
9. Behavioral medicine consultation dated 10/07/09
10. Follow up note dated 06/29/10, 05/04/10, 01/14/10, 12/10/09, 03/24/10, 04/20/11, 02/16/11, 11/08/10, 10/06/10, 09/08/10, 08/16/10, 07/09/10, 04/21/10
11. Reconsideration request dated 04/08/11
12. MRI right shoulder dated 02/15/10
13. Procedure note dated 06/10/10, 12/24/09

PATIENT CLINICAL HISTORY SUMMARY
The patient is a XX year old female whose date of injury is XX/XX/XXXX. On this date the patient was involved in a motor vehicle accident when she rear-ended a truck. Behavioral medicine consultation dated 10/07/09BDI is 43 and BAI is 49. Treatment to date includes right knee cortisone injection on 12/24/09, diagnostic testing, right shoulder corticosteroid

injection on 06/10/10. Follow up note dated 08/16/10 indicates that the patient is two weeks status post right shoulder arthroscopy with subacromial decompression and glenoid labrum debridement. Follow up note dated 02/16/11 indicates that the patient underwent FCE on 01/07/11 which revealed that the patient's PDL was light-medium. Assessment/evaluation dated 03/17/11 indicates that BDI is 48 and BAI is 49. The note indicates that individual therapy and psychological testing were denied. The patient has completed 20 days of work hardening. Diagnoses are listed as pain disorder and major depressive disorder, severe, without psychotic features. PPE dated 03/17/11 indicates that the patient's current PDL is sedentary and required PDL is heavy.

Initial request for chronic pain management program was non-certified on 03/30/11 noting the patient has had a decrease in PDL from light/medium to sedentary and the patient is not taking any medications. There is no explanation for the decrease in her PDL since prior functional capacity evaluation other than that it was likely due to regression based on her psychological symptoms. The guidelines state that after participation in a rehabilitation program, re-enrollment in or repetition of the same or similar rehabilitation program is not medically warranted for the same condition. The denial was upheld on appeal dated 04/15/11 noting that the patient has completed 20 sessions of work hardening, and there is no assessment of the factors that may have contributed to the patient's inability to benefit from a multidisciplinary work hardening program. No functional improvement was noted and the patient did not return to work which is a negative predictor and presents a poor prognosis for the requested 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 chronic pain management x 10 days is not recommended as medically necessary. 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. The patient is noted to have undergone surgical intervention to the right shoulder; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. The patient's Beck scales are exceedingly high which brings the validity of testing into question. The patient has not undergone psychometric testing with validity measures and the patient has not undergone a course of individual psychotherapy despite a diagnosis of major depressive disorder. The submitted records indicate that the patient has undergone a course of work hardening; however, there are no progress notes provided to determine the patient's response to this program. Functional capacity evaluation dated 01/07/11 indicates that the patient's PDL is light-medium; however, PPE dated 03/17/11 indicates current PDL is sedentary. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. Given the current clinical data, the requested chronic pain management 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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES