SENT VIA EMAIL OR FAX ON
Jun/06/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Program 5 X 2

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:

[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 11/04/10, 01/28/11, 05/06/11, 05/02/11
3. Request for reconsideration dated 05/03/11
4. Letter dated 11/04/10, 05/23/11, 04/21/11
5. Individual progress note dated 03/15/11, 02/15/11
6. MMT/ROM testing dated 02/08/11
7. Initial interview dated 01/11/11
8. Request for medical dispute resolution dated 05/23/11
9. Request for services dated 04/11/11
10. Functional capacity evaluation dated 01/19/11, 11/19/10
11. IME dated 11/18/10, 02/10/11
12. MRI lumbar spine dated 09/21/10
13. Handwritten progress note dated 01/06/11, 10/12/10, 10/25/10, 12/06/10, 09/16/10, 09/03/10

14. Employer's first report of injury or illness
15. Supplemental report dated 05/10/11
16. Office visit note dated 12/29/10, 12/01/10, 12/14/10
17. MRI thoracic spine dated 12/16/10
18. MRI right shoulder dated 12/17/10
19. MRI cervical spine dated 12/08/10
20. Description of injured employee's employment
21. Designated doctor examination dated 11/12/10, 04/28/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was checking parts on a press when the die broke. The machine blew up causing a large piece of metal to fly and strike her in the upper back and right shoulder area. MRI of the lumbar spine dated 09/21/10 revealed facet joint arthropathy from mid to lower lumbar spine; no significant disc disease, spinal or foraminal stenosis. Designated doctor evaluation dated 11/12/10 indicates that treatment to date includes chiropractic care, physical therapy, diagnostic testing and medication management. Diagnoses are listed as upper back contusion and scapular strain, cervical sprain. IME dated 11/18/10 notes that the patient does not require any further medical treatment secondary to her industrial injury. MRI of the cervical spine dated 12/08/10 revealed C4-5, C5-6 and C6-7 disc herniations which abut the C4-5 spinal cord and indent the C5-6 spinal cord. Psychological evaluation dated 01/11/11 indicates that the patient has completed a work conditioning program. BDI is 56 and BAI is 48. Diagnoses are chronic pain disorder, adjustment disorder and sleep disorder. Functional capacity evaluation dated 01/19/11 indicates that current PDL is light and required PDL is medium. IME dated 02/10/11 indicates that the patient's lumbar strain is resolved. The patient is noted to have reached MMI as of this date with 0% impairment and can return to full work. The patient subsequently underwent a course of individual psychotherapy. BDI is currently 25 and BAI is 31. Repeat designated doctor evaluation dated 04/28/11 indicates that the patient reached MMI as of 11/12/10 with 0% impairment.

Initial request for chronic pain program was non-certified on 05/02/11 noting that the patient has not exhausted all conservative care. There is no documentation stating that injections have been performed. IME dated 11/18/10 noted that no further treatment is necessary. There is no documentation that the patient is motivated to change or willing to change the current treatment plan. The denial was upheld on appeal dated 05/06/11 noting lack of documentation submitted for review to detail that all lower levels of care have been exhausted.

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 5 x 2 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. Additionally, the patient underwent IME on 11/18/10 which notes that the patient does not require any further medical treatment secondary to her industrial injury. IME dated 02/10/11 indicates that the patient's lumbar strain is resolved. The patient is noted to have reached MMI as of this date with 0% impairment and can return to full work. Repeat designated doctor evaluation dated 04/28/11 indicates that the patient reached MMI as of 11/12/10 with 0% impairment. Given the current clinical data, the requested chronic pain program is not considered 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