

SENT VIA EMAIL OR FAX ON  
Jun/21/2011

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/17/2011

**IRO CASE #:**

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

**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**

OD Guidelines

1. Cover sheet and working documents
2. Utilization review determination dated 05/13/11, 05/25/11
3. Initial interview dated 05/03/11
4. Initial consultation dated 01/26/11
5. Functional capacity evaluation dated 05/03/11
6. Request for reconsideration dated 05/18/11

**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 helping lift a 600 lb item onto an object and felt pain in her neck and right shoulder. Functional capacity evaluation dated 05/03/11 indicates that treatment to date includes diagnostic testing, cervical laminectomy surgery with a spinal cord stimulator, cervical fusion surgery and passive modalities. Required PDL is very heavy and current PDL is light-medium. Psychological evaluation dated 05/03/11 indicates that current medications include Norco, Valium, Zanaflex, Neurontin and Lidoderm patch. BDI is 30 and BAI is 20. Diagnoses are adjustment disorder with mixed anxiety and depressed mood and pain disorder with both psychological factors and a general medical condition.

Initial request for chronic pain management program was non-certified on 05/13/11 noting that it is unclear if the patient attempted to reduce her medication use and it is not clear when she last attempted to return to work. Is it also not clear why she could not attempt to work in some capacity with her current PDL. This is an almost X year old injury with no recent active

treatment. The denial was upheld on appeal dated 05/25/11 noting that there is no adequate and thorough multidisciplinary evaluation to determine the appropriateness of the request. There is no current physical examination that rules out conditions that require treatment prior to initiating the program. There are limited studies about the efficacy of chronic pain programs for neck, shoulder or upper extremity musculoskeletal disorders. Current evidence based guidelines do not support chronic pain management programs for patients whose date of injury is greater than 24 months old.

**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 5 x 2 is not recommended as medically necessary, and the two previous denials are upheld. 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. There is no comprehensive assessment of any recent active treatment provided to the patient. There is no indication that the patient has undergone a course of individual psychotherapy. The Official Disability Guidelines do not recommend chronic pain management programs for patients whose date of injury is greater than 24 months old as there is conflicting evidence that chronic pain programs provide return to work beyond this period. This patient's date of injury is approximately X years old. There is no evidence that the patient has attempted to return to work in any capacity. Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary.

**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**