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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
CPMP x 10 sessions

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation 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

Official Disability Guidelines
Adverse determinations dated 01/04/11, 01/31/11
Letter dated 02/22/11
Chronic pain management program preauthorization request dated 12/29/10
Environmental intervention note dated 01/04/11
Reconsideration request dated 01/24/11
Prescription form for chronic pain management program
Functional capacity evaluation dated 12/28/10
History and physical for chronic pain management program dated 09/28/10
Chronic pain management interdisciplinary plan and goals of treatment dated 12/23/10
Intake update and psychological testing results dated 11/11/10
MRI lumbar spine dated 07/01/10
MRI cervical spine dated 07/01/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient fell in the bathroom and landed directly on her buttocks. MRI of the cervical spine dated 07/01/10 revealed very mild disc bulging at C6-7 but no spinal cord compression or nerve root region compression. MRI of the lumbar spine dated 07/01/10 is reported as a normal study. History and physical dated 09/28/10 indicates that the patient complains of low back pain and bilateral leg pain. Impressions are lumbar sprain/strain; bilateral lumbar radiculopathy; left L5-S1 radiculopathy secondary to HNP and chronic pain syndrome.

Intake update and psychological testing results dated 11/11/10 indicates that treatment to date includes diagnostic testing, medication management, 2-3 months of physical therapy, injections, individual psychotherapy x 20 and biofeedback x 7. The patient reports difficulty

sleeping. BAI is 45 and BDI is 35. MMPI-2 RF profile is invalid. She had inconsistent responding less than 90% on scales measuring multiple specific fears and aggression and she also had some fixed true responding. BHI 2 interpretation notes that the patient endorsed two validity items which suggests the possibility of careless or random responding or a problem with literacy. Diagnoses are pain disorder associated with both psychological factors and a medical condition, chronic; and major depressive disorder, single episode, severe without psychotic features. Functional capacity evaluation dated 12/23/10 indicates that the patient's required PDL is medium and current PDL is sedentary-light. The patient passed 22/32 validity criteria and scored 0/5 Waddell's. Preauthorization request dated 12/29/10 indicates that current medications include Hydrocodone 2 po daily, Paxil 12.5 mg and Lyrica 1 po bid. Hydrocodone will be a target of titration during the program.

The initial request for chronic pain management program was non-certified on 01/04/11 noting that despite extensive individual psychotherapy and biofeedback, the patient's Beck scales and Oswestry disability index are elevated. The patient has learned to accommodate/adapt to the perceived level of disability, and the perceived limitations are likely well-entrenched and not likely to respond to a multidisciplinary pain management program. The denial was upheld on 01/31/11 noting that the patient was initially diagnosed with lumbar strain/sprain with subsequent documentation of spread of body regions and complaints as well as increased psychosocial issues that have been characterized in some reports as symptom magnification. There have been disputes regarding the nature and extent of the spinal anatomy with the most recent lumbar MRI report indicating a normal spinal architecture. There have been accusations of inappropriate and excessive care as well as documentation of the lack of therapeutic benefit from a wide range of treatment options. There is a statement in March 2010 that the patient returned to work full duty. Adverse determination states it is unclear whether she is likely to substantially alter her physical abilities and vocational status by enrolling in yet another cognitive behavioral and functional restoration program managed by an organization from which she has already received extensive care.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

Based on the clinical information provided, the reviewer finds that CPMP x 10 sessions is not medically necessary. The patient sustained injuries in xx/xxxx and has undergone extensive physical and psychological treatment since that time without significant benefit. The patient's subjective complaints appear to outweigh any objective findings. The patient's lumbar MRI dated July 2010 is reported as a normal study and cervical MRI notes only very mild disc bulging at C6-7. The patient's Beck scales are exceedingly elevated and MMPI profile is invalid. The patient's date of injury is greater than 3 years old, and the Official Disability Guidelines do not recommend chronic pain management programs for patients whose date of injury is greater than 24 months old. Given the patient's lack of significant documented improvement with extensive treatment completed to date, the patient is not likely to improve significantly with chronic pain management program. Given the clinical data available for this review and based upon the ODG, the request for CPMP x 10 sessions is not found by the reviewer to be medically necessary. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)