

SENT VIA EMAIL OR FAX ON
Mar/20/2011

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5 X 2 (10 sessions)

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

Clinical psychologist; Member American Academy of 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

2/8/11 thru 3/7/11

11/8/10

2/14/11 and 2/24/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work-related injury on xx/xx/xx while performing his usual job duties as an xxx. On the above-mentioned date, report states patient was injured when a pole fell on his back, neck, and right shoulder. Patient has not returned to work since then.

FCE shows patient is currently performing at the Sedentary PDL and required PDL for his former job description is Very Heavy. Per records submitted for review, patient has received the following diagnostics and interventions to date: x-rays, MRI's, physical therapy, pain injections, chiropractic adjustments, TENs unit, surgery, and medications. Report dated

2/8/11 states, "none of the modalities have successfully lowered his pain to manageable levels". Patient reports current right sided neck and UE pain at an 8/10 VAS. Mental status exam shows patient with relaxed and mood and congruent affect. Patient reports feelings of depression and anxiety, and BDI is a 31 and BAI is a 22. FABQ is a 24/42. MMPI-2 used Scales 1 and 3 as the prototype. Current request is for CPMP. Generalized goals are to improve overall functioning, improve sleep duration, address self-defeating thoughts, decrease pain, decrease depression/anxiety, and decrease reliance on medication.

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

With regard to this request, a thorough multidisciplinary evaluation has not been conducted, as per ODG. There is no multi-system current medical evaluation available, and no information regarding whether or not patient responded to other interventions, such as the physical therapy. There is no medication step-down protocol, no Axis V diagnoses, and no indication of what level of meds patient is taking. Likewise, there is no explanation regarding why BDI score is in the severe range, but Scale 2 was not elevated on the MMPI-2. Records do not seem to indicate that the stepped-care approach to therapy has been followed, with patient participating in lower level of IPT. There is also no explanation for why patient has failed conservative interventions and remains at the Sedentary PDL level. There is also a discrepancy between the report submitted and the denial regarding the number of surgeries the patient has had to date. Given these discrepancies and lack of medical clarity, medical necessity cannot be established.

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)