

SENT VIA EMAIL OR FAX ON
Apr/27/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPMP 80 hours (10 sessions)

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. Appeal request dated 03/18/11, 12/21/10
3. Medical records Dr.
4. Physical performance evaluation dated 02/25/11, 08/12/10, 06/01/10
5. CPMP progress notes
6. Psychological evaluation dated 01/12/10, 11/23/10 and BH12 testing dated 01/21/10
7. Precertification request dated 03/02/11, 01/26/11, 01/04/11
8. MRI cervical spine dated 02/26/08
9. EMG/NCV dated 01/08/08, 01/24/11
10. Procedure report dated 05/01/09
11. Progress note dated 05/01/09
12. Medical records Hospital
13. Medical records Dr. and Dr.
14. Job description
15. Medical records Dr.

16. Progress report dated 03/04/09
17. Opioid agreement form dated 12/30/09
18. Utilization review determination dated 12/16/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell down a flight of stairs hitting his body against the walls and twisting his right ankle. Initial consultation dated 12/18/07 indicates that treatment to date includes physical therapy, medications, epidural steroid injection, and rotator cuff repair in 2005. EMG/NCV dated 01/08/08 revealed evidence of mild C5 radiculopathy bilaterally. MRI of the cervical spine dated 02/26/08 revealed moderate disc space narrowing at C5-6 with a 4 mm disc bulge and spondylosis effaces the thecal sac with mild central canal stenosis; mild bilateral foraminal narrowing is seen. At C6-7 there is flattening of the thecal sac with mild narrowing of the right neural foramen. The patient underwent cervical epidural steroid injection on 05/01/09. Psychological evaluation dated 01/12/10 indicates BDI is 18 and BAI is 14. Diagnoses are chronic pain disorder and depressive disorder. PPE dated 06/01/10 indicates required PDL is medium and current PDL is light. Psychological evaluation dated 11/23/10 indicates that the patient underwent previous CPMP, which was helpful. BDI is 32 and BAI is 18. EMG/NCV dated 01/24/11 revealed evidence of mild C5 radiculopathy on the right and on the left. The patient subsequently completed 20 sessions of chronic pain management program. Progress note dated 02/24/11 indicates that BDI decreased to 27 and BAI increased to 27. GAF improved slightly from 52 to 53. PDL remains light. The patient has had a 50% reduction in Tramadol.

Initial request for chronic pain management program 80 hours (10 sessions) was non-certified on 03/09/11 noting that the patient has completed 160 hours of CPMP; this is the second CPMP the patient has attended, and this is beyond recommended duration of such programs. The denial was upheld on appeal dated 04/07/11 noting that the patient has completed 160 hours of CPMP recently and 160 hours of CPMP approximately 4 years ago. The submitted records do not demonstrate the patient is unable to utilize an independent home program to address the lingering functional deficits.

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 80 hours (10 sessions) is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent previous chronic pain management program over 4 years ago and has most recently completed 160 hours of a second chronic pain management program. The submitted program progress notes indicate that the patient's Beck scales are largely unchanged, and the patient's physical demand level remains light. There is no clear rationale provided to support exceeding Official Disability Guidelines recommendations given a lack of significant progress in the program to date. Given the current clinical data, the request 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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES