SENT VIA EMAIL OR FAX ON
May/19/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program

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

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 03/24/11, 03/29/11
3. Initial mental health evaluation dated 03/17/11
4. Medication review dated 03/17/11, 04/19/11
5. Physical performance evaluation dated 03/11/11, 04/14/11
6. MRI cervical spine dated 01/04/11
7. Nerve conduction testing dated 02/16/11
8. Office visit note dated 03/08/11, 04/12/10, 04/13/10, 04/16/10, 04/23/10, 04/29/10, 05/06/10, 05/13/10, 06/11/10, 06/17/10, 07/01/10, 07/09/10, 07/22/10
9. Clinical update dated 04/13/11
10. Extent of injury evaluation dated 11/19/10

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xx. On this date the patient was pushed to the ground as two residents were fighting. Extent of injury evaluation dated 11/19/10 indicates that the patient has not returned to work yet as there is no light duty work available. Treatment to date is noted to include MRI of the cervical spine, physical therapy and medication management. The extent of the patient's injury is cervical strain with possible radiculopathy, right shoulder strain, and left knee strain, almost resolved. Current medications are listed as Hydrocodone and Naprelan. Initial mental health evaluation dated 03/17/11 indicates that BDI is 12 and BAI is 53. FABQ is 66. Diagnosis is adjustment disorder with mixed anxiety and depressed mood, moderate.

Initial request for chronic pain management program was non-certified on 03/24/11 noting there was no objective testing performed to assess somatization, symptom magnification and

personality or motivational factors in delayed recovery. The patient has had no lower level psychological treatment or individual behavioral pain management. The denial was upheld on appeal dated 03/29/11 noting major discrepancy between he reports on self-administered depression tests and reports of her distress in the clinical interview. There was no objective personality testing performed. There is no indication that the patient has exhausted conservative psychological care.

Clinical update dated 04/13/11 indicates that the patient has been placed on Citalopram. BDI is now 12 and BAI is 40. The patient has participated in individual psychotherapy sessions.

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 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 indication that the patient has undergone any objective psychometric testing with validity measures. The patient's BAI is exceedingly high, and further testing is appropriate to assess the validity of the patient's subjective complaints. Given the current clinical data, the requested chronic pain management program 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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES