

SENT VIA EMAIL OR FAX ON
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Applied Assessments LLC

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 10 sessions

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

Texas licensed MD board certified in pain management and anesthesia

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. Fax cover sheet
2. Request for pre-authorization for chronic pain management
3. Request for independent review
4. Request for initial 10 day chronic pain management program dated 03/24/11
5. Utilization review determination dated 03/28/11
6. Request for reconsideration of a chronic pain management program
7. Utilization review determination dated 04/28/11
8. Functional capacity evaluation dated 01/06/10
9. Clinical records Dr.
10. Initial behavioral medicine consultation dated 07/29/10
11. Addendum dated 07/29/10
12. EMG of the bilateral lower extremities dated 09/30/10
13. MRI lumbar spine dated 06/22/10
14. Duplicate records

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who is reported to have a date of injury of xx/xx/xx. It is reported that the injured employee was employed for two years and eight months at the time of injury. While at work she was lifting and moving heavy items repeatedly weighing 60-80 pounds at which time she started to feel pain in her low back. She subsequently was referred for treatment. She underwent MRI of the lumbar spine on 06/22/10 which revealed an L5-S1 disc bulge with slight effacement of the thecal sac, the descending nerve root and a Tarlov cyst. She has been treated with physical therapy.

The injured employee is under the care of Dr. who referred the injured employee for chronic pain management program. On 03/24/11 she was evaluated for participation. It's noted at this time that she had been recommended she undergo individual psychotherapy, which was denied on 10/11/10. Her current medications include Norco 5 325, Metformin and Orlistat. It is reported that titration of the Norco will be a focus of the program. It is reported at the time of evaluation she is noted to have chronic persistent intractable pain graded as 4/10. There is a table which indicates that on 07/29/10 the injured employee's pain was 4/10 and on 02/28/11 4/10. Irritability is noted to be 8/10 reported as 14% increase. Frustration is reported to be 8/10 a 60% increase. Tension is reported to be 7/10 indicating a 13% reduction. Sadness and depression is unchanged. Anxiety is 4/10 with 33% increase. Sleep disturbance is 8/10 unchanged. BDI-II is 19 mild which is 50% increase over pre treatment levels. It is opined her pain is proven refractory to low levels of care and that she has subsequently developed chronic pain syndrome. It was reported that prior treatment modalities have failed to stabilize the injured employee's psychosocial distress, increase her engagement activities of daily living, or enhance or physical functioning such that she could safely return to work. She is reported to demonstrate obvious functional deficits since the injury. It's reported that all appropriate treatment has been ruled out. Surgical intervention has been ruled out and she subsequently has developed a chronic pain syndrome. She therefore is recommended to participate in an interdisciplinary pain rehabilitation program. She is recommended to undergo an initial 10-day trial.

On 03/28/11 the request was reviewed by Dr. PhD, ABPP, psychology. Dr. recommends against approval noting he's unable to establish a basis that this treatment is both reasonable and necessary. He notes that the mental health evaluation dated 07/29/10 finds an impression of pain disorder acute. He notes that this report is too aged to serve as an appropriate evaluation clearance and treatment plan for chronic pain management program. He notes that there's no documentation or known finding that the injured employee's treating physician has currently ruled out all other appropriate care for the chronic pain problem. He notes issues regarding the use of a weight loss drug and notes no data to establish that the injured employee is overweight. He notes it's unclear if the injured employee truly has chronic pain syndrome or whether this is a problem of strength and endurance which may respond to less intensive methods of rehabilitation.

A request for reconsideration was dated 04/14/11. This note reiterates Dr. rationale. Dr., PsyD reports that Dr. did not address any of the points age of psychological evaluation, the injured employee's medication for managing weight and migraine referenced in his denial letter during peer review conferencing completed on 03/28/11. It is reported that he spent a bulk of the time inquiring about what type of job a logistician was and if some type of cognitive brain type job. Dr. reports he did not have a job description but based on the manner of injury of repetitive lifting of very heavy boxes it was presumed that this was not a sedentary level demand and that her FCA did not demonstrate the tolerances required. He further notes that individual psychotherapy was denied on 10/11/10. She had mild depression score of 19. He notes she has not been diagnosed with a personality disorder or psychological condition. Her pain is reported to be chronic and persistent and proven refractory to lower levels of care. He further discusses her use of Triptan for migraine headaches. He reports that she is not a surgical candidate and discussed modified duty.

The appeal request was reviewed by Dr., PhD. Dr. notes that the request is inconsistent with the specifications that outpatient rehabilitation programs be considered medically necessary when all the following criteria are met. It is noted that Dr. conducted a peer to peer with Dr. who indicates that the issues related to the injured employee's non-injury medical conditions were not pertinent to her primary physician who had cleared her for the program. He reports Dr. did not address whether these factors had actually been considered as the injured employee's primary care physician does not even include the injured employee's full medical history in the documentation. There are issues of obesity and diabetes, which are not listed, in her medical history. He notes that there is a physician on staff who could address any of the medical issues should they arise. He notes that these do not address the need for full and comprehensive medical evaluation that meets guideline that underlying non work related pathology that contributes to pain and decreased function may need to be

addressed and treated by primary care physician prior to or coincident to starting treatment. Additionally Dr. is asking if psychological or non-psychological factors were influencing the injured employee's functioning by psychometric testing which indicated mild psychological symptoms. He referred to the issues surrounding her physical functioning as basis for interference. It is noted this does not address the issues stipulated in criteria one or reflect the comprehensive nature of evaluation specified in criteria 3. As such, it is recommended that the request be non-certified as not meeting standards for inclusion into chronic pain management program.

The record further includes functional capacity evaluation dated 01/06/11 which indicates the injured employee's current physical demand level is light-medium and pre injury physical demand level is heavy.

On 03/17/11 Dr. reports the injured employee sustained work related injuries as a result of repetitive lifting very heavy boxes. She developed moderate to severe pain in low back and has some L5-S1 disc bulge and effacement of thecal sac and chronic lumbar strain. She is not a surgical candidate and would be well suited for chronic pain management program. She continues to work on a light duty status. She is reported to be well developed and well nourished female in no distress. She has moderate amount of paralumbar muscle spasming, tenderness, and decreased range of motion. Her neurologic examination is nonfocal. Straight leg raise is negative. Deep tendon reflexes were symmetric. She was given prescription of Norco 5/325 1 PO BID 60 tablets and continued on light duty restrictions.

The record includes an EMG/NCV of lower extremities dated 09/30/10. This study is normal and shows no evidence of lower extremity radiculopathy.

The record contains an MRI of the lumbar spine dated 06/22/10 which indicates disc desiccation with right paracentral disc bulge causing effacement of the thecal sac and slight effacement of the right descending nerve roots. The central canal and neural foramen are not significantly narrowed.

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

The request for trial of chronic pain management x 10 days is not supported by the submitted clinical information, and previous utilization review determinations are upheld. The submitted clinical records indicate the injured employee developed low back pain after performing repeated lifting boxes weighing 60-80 lbs. The injured employee's imaging studies showed no evidence of significant pathology to lumbar spine and EMG/NCV studies are negative for lumbar radiculopathy. It is noted the injured employee is on a low dose of Norco for which she takes twice a day. She takes no other medications. It is mentioned in the request for chronic pain management program that the injured employee's Norco will be titrated and potentially discontinued. Given that the injured employee is on such a low dose, she could be safely titrated down and off this medication by the treating provider. It is further noted upon review of the request, the previous reviewers indicated the injured employee does not meet criteria for enrollment into this program. There is no supportive data establishing the injured employee has exhausted all forms of conservative treatment. In total, the information does not support the injured employee meets criteria for the program, and the previous determinations are appropriate and consistent with Official Disability Guidelines.

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