

SENT VIA EMAIL OR FAX ON
Apr/27/2011

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program (80 hours)

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

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. Adverse determination letter dated 02/25/11, 03/14/11
3. Request for preauthorization dated 02/22/11, 03/29/11 and reconsideration dated 03/07/11, 03/02/11
4. Psychosocial diagnostic interview and team treatment plan dated 01/24/11
5. Vocational assessment note dated 01/24/11
6. Letter of medical necessity dated 02/17/11
7. Functional capacity evaluation dated 11/11/10
8. ROM/MMT testing dated 10/05/10, 02/03/11
9. Handwritten notes dated 01/14/11, 12/08/10, 11/08/10, 02/14/11
10. Medical records, DC
11. Medical records Dr.
12. EMG/NCV dated 09/22/10
13. MRI lumbar spine dated 08/18/10
14. Radiographic report chest, cervical spine dated 06/14/10

15. CT of the brain dated 06/14/10
16. Physical therapy notes dated 09/07/10, 07/09/10
17. Initial examination dated 06/15/10
18. Radiographic report right ankle dated 06/16/10
19. Progress notes Medical Group
20. Designated doctor evaluation dated 01/05/11
21. Functional capacity evaluation dated 03/24/11
22. Follow up narrative report dated 03/08/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was the restrained front seat passenger involved in a driver's side impact motor vehicle accident. The airbags did not deploy. The patient reports that his clipboard hit his head, and he lost consciousness. CT of the brain dated xx/xx/xx revealed no acute intracranial abnormality. The patient complained of pain in his cervical spine, lumbar spine, thoracic spine, right ankle and head. Diagnoses are lumbar radiculitis, cervicalgia, lumbago and headache. MRI of the lumbar spine dated 08/18/10 revealed right paracentrally-right intra-recess disc protrusion with "HIZ" of the annulus at L5-S1. EMG/NCV dated 09/22/10 is reported as a normal study. The patient completed 9 sessions of physical therapy. Functional capacity evaluation dated 11/11/10 indicates the patient's PDL is sedentary and required PDL is very heavy. Designated doctor evaluation dated 01/05/11 indicates that the patient reached MMI as of 12/15/10 with 3% whole person impairment. At that time, the only positive finding was slight minimal low back tenderness, but with full range of motion. Psychosocial diagnostic interview dated 01/24/11 indicates that medications include Hydrocodone/APAP, Naproxen, Amitriptyline and Diazepam. BDI is 14 and BAI is 19. Diagnosis is pain disorder associated with both psychological factors and a general medical condition.

Initial request for chronic pain management program 80 hours was non-certified on 02/25/11 noting no indication of significant emotional distress or pain sensitivity. He has not had any recent attempt at PT or work conditioning which would be more appropriate for this patient. There is no evidence that lower levels of care have been exhausted. The denial was upheld on appeal dated 03/14/11 noting that a CPMP is not needed to wean a patient off medications. The appeal letter does not adequately address all of the concerns raised in the initial denial.

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) is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained injuries secondary to a motor vehicle accident in xx/xx. Treatment to date is noted to include only 9 sessions of physical therapy and medication management. There is insufficient documentation to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The patient has been placed at MMI by a designated doctor with 3% whole person impairment. Given the current clinical data, the request for chronic pain management program 80 hours 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