

SENT VIA EMAIL OR FAX ON
Nov/17/2011

True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 10 sessions for 80 hours for the head, cervical spine and left knee areas.

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

PMR

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

Cover sheet and working documents

Utilization review determination dated 10/05/11, 10/20/11

Request for chronic pain management program dated 09/29/11

PPE dated 09/09/11

Individualized care plan dated 09/22/11

Reassessment for CPMP continuation dated 09/07/11

Functional capacity evaluation dated 07/29/11

Reconsideration letter dated 10/12/11

Consult report dated 06/16/10

Single field analysis dated 05/03/10

Electrophysiology lab report dated 09/23/2010

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient was kicked in the chest and fell backwards hitting her head. Treatment to date is noted to include ACDF at C3-4 in 10/2010, physical therapy, diagnostic testing, medication management, 4 sessions of individual psychotherapy. Functional capacity evaluation dated 07/29/11 indicates that current PDL is sedentary-light and required PDL is very heavy. Reassessment for CPMP continuation dated 09/07/11 indicates that the patient has completed 20 sessions of chronic pain management program to date. BAI increased from 15 to 22 and BDI

increased from 26 to 30. Pain level decreased from 9/10 to 8/10. Irritability increased from 7/10 to 8/10. Frustration remained 8/10, muscle tension remained 8/10 and anxiety remained 8/10. Sleep problems decreased from 6/10 to 4/10. PPE dated 09/09/11 indicates that current PDL is light.

The initial request for chronic pain management 10 sessions was non-certified on 10/05/11 noting that the patient's pain level remained unchanged after 20 days in the program, irritability, frustration, tension and depression have increased. BDI increased. PDL increased from sedentary-light to light, and she needs to achieve a very heavy PDL. Appeal letter dated 10/12/11 indicates that Topamax reduced from tid to bid prn and Gabapentin reduced from tid to twice daily prn. The denial was upheld on appeal dated 10/20/11 noting that the patient's frustration, tension, depression have increased. BDI increased. After 20 days of a CPMP the patient has made minimal gains and is not close to her return to work goal.

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 10 sessions for 80 hours for the head, cervical spine and left knee areas is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 20 sessions of chronic pain management program without significant progress. The Official Disability Guidelines generally support no more than 20 sessions of the program. The patient's PDL improved from sedentary-light only to light. BAI increased from 15 to 22 and BDI increased from 26 to 30. Pain level decreased from 9/10 to 8/10. Irritability increased from 7/10 to 8/10. Frustration remained 8/10, muscle tension remained 8/10 and anxiety remained 8/10. Sleep problems decreased from 6/10 to 4/10. Given the patient's lack of significant progress in the program to date to support exceeding Official Disability Guidelines, the requested chronic pain management program x 10 sessions is not indicated as medically necessary.

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