SENT VIA EMAIL OR FAX ON
Nov/30/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/29/2011

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:
PMR

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
Request for IRO dated 11/15/11
Utilization review determination dated 10/25/11
Utilization review determination dated 11/03/11
Fax cover sheets
Request for additional information
Preauthorization intake form
Progress summary dated 10/19/11
Treatment plan
Request for reconsideration dated 11/01/11
Request for dispute resolution dated 11/18/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who is 10 years post date of injury. He is reported to have fallen off a platform. Records indicate the claimant was initiated on chronic pain management program beginning on 09/19/11. He has completed 10/10 authorized sessions. A request was made for 10 additional sessions. It is noted that the 10 additional sessions being requested will focus specifically on helping this patient internalize new coping skills along with cognitive behavioral changes and perception of pain and healing that will carry him outside the program and back into the work world. It is reported he has been compliant with the program and reported he feels better about himself and is motivated by the program. It is reported at present his symptoms appear to be impairing work, social and personal function. He is

reported to be making considerable progress. It is reported he seems to have been suffering from anxiety, depression, and muscular tension and developed chronic pain symptoms and been unable to return to work. He is reported to have made good progress in his ability to utilize relaxation and breathing skills. He is increasing his awareness of thought processes that intensify his emotions which in turn increase his pain levels. It is reported the claimant has reduced his medication intake to an as needed basis. He is reported to be developing coping skills. It is reported that his BDI II was 39 and after 7 sessions it was reduced to 12. BAI was 46 and after 7 sessions he scored 18.

The initial review was performed on 10/25/11 by non-certified the request noting the claimant has not significantly improved. Pain levels are still 7-8/10. He notes the claimant is reported to have gone from severe depression and anxiety to mild; however, prior evaluations appear to be excessive compared to other clinical findings. He noted a designated doctor evaluation performed in 04/11 indicated pathaomimetic behavior. He noted there is no evaluation of functional capabilities to indicate any improvement on that part. He opined continuation in program does not appear to be medically necessary.

A letter of reconsideration was submitted for review on 11/01/11 noting that the claimant has completed 10 sessions and made good progress. It was opined that to terminate this program prematurely denies opportunity to gain maximum benefit from the programs design.

The subsequent appeal request was reviewed on 11/03/11 by notes the claimant has undergone extensive treatment to include MRI, myelogram, discogram, noting disc bulges at L3-4, L4-5, and HNP at L5-S1. He has been treated with chiropractic treatment, physical therapy, work hardening, medications, and multiple injections. He notes the records do not provide specific objective evidence of functional improvement, and as such, the request is not supported as medically necessary.

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

The request for 10 additional sessions of chronic pain management program are not supported as medically necessary, and the previous utilization review determinations are upheld. The submitted clinical records contain no supporting documentation establishing the claimant has had significant functional improvements through the first 10 days of the program. While it is noted the claimant has responded to counseling and has gone from medium level of depression and anxiety to mild level, there is no data establishing the claimant is making functional progress towards a required physical demand level. The record does not contain any preprogram functional capacity evaluation, nor is there an assessment at the end of week 2 establishing the claimant is making physical and functional progress towards achieving program goals. Further, there is no report on GAF. The claimant's pain levels are largely unchanged. He is noted to have decreased his oral medications. There is clearly insufficient supporting documentation establishing objective evidence of functional benefit, and therefore, the previous utilization review determinations 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