

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program of five time a week for two weeks eight hours a day to the lumbar 97799

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

MD, Board Certified in Physical Medicine and Rehabilitation

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who was injured on xx/xx/xx due to motor vehicle accident. He was diagnosed with lumbar strain. He initially was treated with pain medications, muscle relaxants and physical therapy. A psychological evaluation performed on 12/16/10 reported BDI score of 27 indicating moderate depression and BAI of 54 indicating severe anxiety. The injured employee underwent 6 sessions of individual psychotherapy from 03/30/11-05/17/11.

Records indicate he continues to have depression and frustration due to family problems with being homeless. He states he lost his home and has had difficulty finding anyone in his family that will assist him.

A request for chronic pain management program 5 times a week for 2 weeks, 8 hours a day for lumbar spine was reviewed on 06/17/11 and determined as not medically necessary. Psychological evaluation dated 05/26/11 showed the patient's BDI-II score was 23 and BAI 32. The latest physical performance evaluation dated 05/26/11 recommended the injured employee to participate in chronic pain management program. Conservative treatment includes physical therapy and medications. It was noted that 6 sessions of individual counseling were being requested, but there was no documentation that a thorough multidisciplinary evaluation had been made including baseline functional testing so follow-up with same test can note functional improvement, previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement, the patient has significant loss of ability to function independently resulting in chronic pain, the patient is not a candidate for surgery or other treatments to clearly be warranted, and the patient exhibits motivation to change and is willing to forego secondary gains including disability patterns to affect this change. Therefore, medical necessity was not substantiated.

A reconsideration / appeal request for chronic pain management program 5 times a week for 2 weeks, 8 hours a day for lumbar spine was reviewed on 07/19/11 and again determined as not medically necessary. It was noted that the injured employee presents with significant limitations in strength and active range of motion. He has moderate level of depression and severe level of anxiety. The appeal request for chronic pain management program of 5 times a week for 2 weeks was noted. The injured employee presented with significant levels of depression and anxiety despite individual counseling sessions rendered. These are considered as negative predictors for the success of program. Moreover, the injured employee's injury was more than 24 months ago, and it must be noted that there are limited evidence based studies that strongly suggest chronic pain programs can provide return to work beyond this period. During peer to peer discussion it was noted that length of disability is negative predictor. There was also no real objective pathology documented, and the injured employee was established to be at MMI with 4% whole person impairment. If chronic pain management is based on psychological factors, the injured employee has not exhausted lower levels of care. Based on these grounds, medical necessity of the requested service has not been established.

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

After reviewing the clinical information submitted for review, the proposed Chronic Pain Management Program of five time a week for two weeks eight hours a day to the lumbar 97799 is not found by the reviewer to be medically necessary. The injured employee sustained an injury secondary to motor vehicle accident on xx/xx/xx while working as a shuttle bus driver. He initially was treated with medications and a brief course of physical therapy. Imaging studies of lumbar spine revealed degenerative changes with no evidence of severe nerve root compression. Psychological evaluation on 12/16/10 reported moderate depression (BDI 27) and severe anxiety (BAI 54). The injured employee participated in 6 sessions of individual psychotherapy. Repeat psychological evaluation on 05/26/11 reported some improvement with BDI score of 23 and BAI of 35. However, these levels remained significant. There is no indication that the injured employee had an appropriate trial of psychotropic medications prior to consideration of chronic pain management program. It was also noted that the injured employee's injury occurred more than 24 months ago, and current evidence based guidelines note this to be a negative predictor for success as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. The patient was determined to have reached maximum medical improvement with 4% whole person impairment. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES [

] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)