

SENT VIA EMAIL OR FAX ON
Sep/28/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of chronic pain management program

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

Family Practice

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 09/01/11, 08/03/11

Request for CPMP dated 07/26/11

PPE dated 07/25/11

Psychological evaluation dated 07/22/11

Individualized treatment plan dated 07/26/11

Follow up note dated 06/22/11, 06/07/11, 05/31/11, 05/24/11, 04/13/11, 04/05/11, 03/22/11, 02/22/11, 02/11/11, 11/22/10, 12/22/10, 12/02/10, 02/08/11, 11/18/10, 11/09/10, 11/04/10, 11/02/10, 10/21/10, 10/07/10, 09/28/10, 09/21/10, 09/14/10, 08/31/10, 08/24/10, 08/17/10, 08/03/10, 07/20/10, 07/06/10, 06/22/10, 06/08/10, 06/01/10, 05/25/10, 05/08/10, 05/07/10, 04/27/10, 04/13/10, 03/30/10, 03/23/10, 03/16/10, 03/12/10, 11/24/09, 11/07/09, 08/23/11, 12/21/10, 12/07/10, 11/23/10

Right upper quadrant ultrasound dated 09/04/09

Health insurance claim forms

Handwritten note dated 02/10/10, 02/08/10, 03/08/10, 03/01/10

MRI lumbar spine dated 03/03/10

Operative report dated 06/29/10, 01/25/11, 12/06/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting a pedestal when he felt pain in his lower back. He fell to the ground and was unable to get up. Treatment to date includes diagnostic testing, transforaminal epidural steroid injections, medial branch blocks, radiofrequency neurotomy, physical therapy and medication management. Psychological evaluation dated 07/22/11 indicates that the patient rates his pain as 4/10. Current medications include Hydrocodone and Gabapentin. MMPI-2 profile shows no item omissions, no problems in terms of inconsistent responding and no evidence of substantial response bias toward answering indiscriminately. The results indicate that the patient is significantly focused on his physical symptoms and emotional turmoil. BDI is 18 and BAI is 18. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; depressive disorder nos; and anxiety disorder nos. PPE dated 07/25/11 indicates that the patient provided valid effort. Current PDL is light and required PDL is medium-heavy.

Initial request for chronic pain management program was non-certified on 08/03/11 noting that the psychological evaluation recommended individual psychotherapy prior to a multidisciplinary pain program. There is no recent drug screening submitted. It is unclear at this point whether the patient is currently taking any narcotic pain medications. The denial was upheld on appeal noting that documentation that individual psychotherapy treatment has been tried and failed to produce adequate functional response has not been submitted. The medical records provided do not indicate that recent drug screening has been submitted. The patient's intake of medications, particularly of narcotics, as well as a medications tapering plan needs to be clarified.

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 80 hours of chronic pain management program is not recommended as medically necessary, and the two previous denials are upheld. The submitted records fail 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 diagnosed with depressive disorder and anxiety disorder and has been recommended to undergo a course of individual psychotherapy prior to chronic pain management program. However, there is no indication that the patient has participated in individual psychotherapy or been placed on psychotropic medications. There is no current drug screening available for review. Given the current clinical data, the requested chronic pain management program 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