

SENT VIA EMAIL OR FAX ON
Oct/06/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of outpatient Chronic Pain Management Program for the lumbar spine and left hand

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 08/17/11, 09/08/11

Request for preauthorization dated 09/20/11, 08/12/11

Letter dated 09/22/11

Collaborative report for medical necessity of CPMP dated 08/30/11, 08/11/11

Request for reconsideration dated 09/01/11

Peer review dated 07/01/11

Designated doctor evaluation dated 05/09/11

Behavioral health evaluation update dated 08/10/11

Job description dated 03/24/11

Note dated 01/14/11, 01/28/11, 08/30/11, 08/09/11, 07/27/11, 11/08/10, 12/02/10, 06/27/11, 06/28/11

Prospective review response dated 09/26/11

Functional capacity evaluation dated 06/28/11

Office visit note dated 10/26/10, 08/29/11, 07/07/11, 05/12/11, 12/06/10

Operative report dated 06/17/11

EMG/NCV dated 11/18/10

Lumbar MRI dated 11/08/10

Left hand MRI dated 11/08/10

Radiographic report dated 10/07/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient was leaning against a railing when the railing broke and he fell backwards landing on a flower bed that was made of 4 x 4s. Designated doctor evaluation dated 05/09/11 indicates that treatment to date includes diagnostic testing, physical therapy and medication management. The patient was determined to have reached MMI as of this date with 5% impairment. The patient underwent epidural steroid injection on 06/17/11. Functional capacity evaluation dated 06/28/11 indicates that current PDL is medium and required PDL is very heavy. Peer review dated 07/01/11 indicates there is no residual working diagnosis in association with the compensable injury. Continued treatment is not reasonable and necessary. Behavioral health evaluation dated 08/10/11 indicates that HAM-D is 19 and HAM-A is 25. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, depressive disorder nos. Collaborative report dated 08/11/11 indicates that the patient has completed 10 sessions of a work hardening program. Orthopedic follow up note dated 08/29/11 indicates that the patient is recommended for a second transforaminal lumbar epidural steroid injection. Current medications are listed as Lortab, Zanaflex, Elavil, Naprosyn and Valium.

Initial request for chronic pain management program was non-certified on 08/17/11 noting that the patient still has high psychosocial stressors of negative predictors of failure. He has also participated in a work hardening program, and current evidence based guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The denial was upheld on appeal dated 09/08/11 noting the problem this patient has cannot be addressed with primarily psychobehavioral interventions. If the patient's problem is an exacerbation of his radiculopathy then this is what needs to be addressed. A chronic pain management program would not be expected to be of significant benefit for this condition. Peer reviewed guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program.

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 outpatient chronic pain management program for the lumbar spine and left is not recommended as medically necessary and the two previous denials are upheld. The submitted records indicate that the patient has completed 10 sessions of a work hardening program. Current evidence based guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. Orthopedic follow up note dated 08/29/11 indicates that the patient has been recommended to undergo a second lumbar epidural steroid injection. Therefore, lower levels of care have not been exhausted and the patient is not an appropriate candidate for this tertiary level program. 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