

# Applied Assessments LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/03/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Pain Management Program X 80 hours

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

Board Certified 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 08/02/11, 08/18/11

Preauthorization request dated 07/25/11

Behavioral evaluation report dated 07/18/11

Work capacity evaluation dated 07/18/11

Request for reconsideration dated 08/11/11

Letter of medical necessity dated 09/16/11, 09/22/11

MRI left knee dated 04/02/10

Initial medical report dated 01/20/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury isxx/xx/xx. On this date the patient was moving a pallet when he noted sudden onset of pain and discomfort to his left knee. MRI of the left knee dated 04/02/10 revealed posterior horn medial meniscal tear extending to the superior articular surface within the central zone; grade II/III chondromalacia of the medial compartment; grade I MCL sprain. Work capacity evaluation dated 07/18/11 indicates that required PDL is heavy and current PDL is sedentary-light. Behavioral evaluation report dated 07/18/11 indicates that BDI is 29 and BAI is 13. Treatment to date is noted to include diagnostic testing, physical therapy, and massage. Diagnoses are pain disorder associated with both psychological factor and a general medical condition; and major depression moderate.

Initial request for chronic pain management program was non-certified on 08/02/11 noting that the psychological evaluation is inadequate as an evaluation for admission to a comprehensive pain program. The patient has a 5th grade education, and it is not clear that the patient has an adequate language/reading comprehension level to provide valid responses to these instruments. Request for reconsideration dated 08/11/11 indicates that the patient has been treated with Cymbalta. The denial was upheld on appeal dated 08/18/11 noting that it does not appear that all lower levels of treatment have been exhausted to address his knee symptoms and pain levels. There is a medial meniscus tear in the left knee, yet this has not been addressed. A full course of individual psychotherapy has not been attempted to address emotional disturbance prior to this request.

**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 program x 80 hours 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. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient has been diagnosed with major depression; however, there is no indication that the patient has undergone a course of individual psychotherapy. The submitted left knee MRI reveals a medial meniscal tear; however, this has not been addressed. The patient's current medication regimen is not documented. 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**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**