

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of chronic pain management

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

1. Cover sheet and working documents
2. Progress notes dated 04/16/10-07/20/11
3. MRI lumbar spine dated 05/10/10
4. MRI lumbar spine dated 05/28/10
5. CMT and ROM testing dated 06/28/10 and 07/01/10
6. X-ray lumbar spine 06/28/10
7. Work capacity evaluation dated 08/25/10, 04/21/11, 07/23/11, and 07/28/11
8. Behavioral evaluation report dated 08/25/10 and 05/20/11
9. Preauthorization request dated 06/01/11
10. Utilization review determination 80 additional hours of chronic pain management dated 07/27/11
11. Request for reconsideration 07/28/11
12. Reconsideration appeal of adverse determination 80 additional hours of chronic pain management dated 08/06/11
13. Letter of medical necessity dated 08/22/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient was walking backwards when he stepped on a screw, lost his footing, slipped and fell on his low back area. Treatment to date includes diagnostic testing and physical therapy. Work capacity evaluation dated 08/25/10 indicates required PDL is heavy. Behavioral evaluation dated 08/25/10 indicates that BDI is 23 and BAI is 22. The note states that the patient has received

very limited physical therapy. Diagnoses are major depressive disorder and pain disorder. The patient underwent chronic pain management program in 2010. Work capacity evaluation dated 04/21/11 indicates that required PDL is heavy. Behavioral evaluation dated 05/20/11 indicates that BDI is 21 and BAI is 20. A request for last 40 hours of CPMP dated 07/20/11 indicates that due to the patient's participation in the program the patient has increased coping skills, self esteem and heightened ego strength. Pain increased from 6/10 to 6-7/10. BDI decreased from 16 to 12 and BAI from 9 to 8.

Initial request for 80 hours of chronic pain management was non-certified on 07/27/11 noting that the patient completed 80 hours of CPMP in 2010, then a hiatus, followed by approval of an additional 40 hours of the program recently. It appears that the patient has completed 18 sessions of CPMP. Pain level is grossly unchanged. Beck changes were within the normal realm of day to day variations. There is unclear documentation of functional progress. The denial was upheld on appeal dated 08/8/11 noting that an integrative summary report which includes treatment goals, compliance, progress assessment with objective measures and state of treatment was not provided.

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 is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent chronic pain management program in 2010 and was recently certified for 40 additional hours of the program. The submitted records fail to establish that the patient sustained significant gains in the program. Pain level actually increased and Beck scales did not significantly improve. There is no clear rationale provided to support additional sessions at this time. There is unclear documentation of significant functional progress to support ongoing chronic pain management. Given the current clinical data, the requested chronic pain management 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