

SENT VIA EMAIL OR FAX ON
Sep/06/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/06/2011

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. Emergency department records dated 09/08/10
3. Report of medical examination dated 09/13/10
4. Office visit notes dated 09/13/10-08/02/11
5. Physical therapy evaluation, plan of care, and progress notes dated 09/27/10-08/09/11
6. MRI lumbar spine without contrast dated 09/28/10
7. Report of medical examination dated 10/12/10
8. ROM and MMT testing dated 11/16/10-04/19/11
9. Work task analysis report dated 12/07/10
10. EMG/NCV dated 12/16/10
11. Report of medical evaluation dated 01/14/11
12. Procedure report right S1 epidural steroid injection dated 02/01/11
13. Utilization review for lumbar transforaminal epidural steroid injection dated 02/28/11
14. Utilization review for appeal lumbar transforaminal epidural steroid injection dated 03/08/11
15. IRO dated 03/31/11
16. Utilization review for lumbar epidural steroid injection at L5-S1 dated 04/22/11
17. MRI lumbar spine without contrast dated 05/04/11
18. Job description
19. Functional capacity evaluation dated 05/10/11

20. Report of medical examination dated 05/17/11
21. Report of medical examination dated 05/24/11
22. Videonystagmography dated 06/02/11
23. Behavioral health evaluation dated 06/02/11
24. Rebuttal of impairment rating dated 06/07/11
25. Utilization review for 80 hours of chronic pain management program dated 06/17/11
26. Functional capacity evaluation summary report dated 06/21/11
27. Collaborative report for medical necessity of chronic pain management program dated 06/27/11
28. Utilization review for appeal 80 hours of chronic pain management program dated 07/01/11
29. Utilization review MRI thoracic spine without contrast dated 08/09/11
30. Clinic note Dr.

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient was involved in a motor vehicle accident when a truck in front of him hit him. Diagnosis is listed as lumbar pain and strain and contusion. Treatment to date includes diagnostic testing, physical therapy, medication management, epidural steroid injection. Designated doctor evaluation dated 01/14/11 notes that the patient has not reached MMI. Functional capacity evaluation dated 05/10/11 indicates that current PDL is frequent sedentary and occasional light and required PDL is heavy. MMI/IR evaluation dated 05/17/11 reports diagnosis is lumbar sprain/strain with disc protrusion at L5-S1. The patient was determined to have reached MMI as of 05/17/11 with 5% whole person impairment. Behavioral health evaluation dated 06/02/11 indicates that HAM-D is 14 and HAM-A is 48. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, and depressive disorder NOS.

Initial request for CPMP was non-certified on 06/17/11 noting that the FCE is incomplete without dynamic testing report, full NIOSH report, or cardiovascular testing. The submitted records indicate that there is a recommendation for balance rehabilitation; however, there is no indication that this treatment has been requested or completed. MRI dated 09/28/10 is in direct contrast to MRI dated 05/04/11 which needs explanation/further review. An updated functional capacity evaluation was provided dated 06/21/11. Current medications include Lortab, Zanaflex, Elavil, Naproxen, and Valium. The denial was upheld on appeal dated 06/30/11 noting that the patient has preexisting psychological treatment with the VA and the patient is reportedly taking psychotropic medication, but not sure which kind, what dosage or how frequent. The submitted records fail to establish that the patient has exhausted lower levels of care.

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 submitted records do not establish that 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 been diagnosed with depressive disorder; however, there is no indication that the patient has undergone a course of individual psychotherapy. The patient has been recommended for balance rehabilitation; however, there is no indication that this treatment has been requested or performed. 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

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)