

SENT VIA EMAIL OR FAX ON
Aug/29/2011

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/23/2011

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:

Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

Licensed by the Texas State Board of Medical Examiners

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
9/30/10 thru 7/26/11
Dr. 3/1/11
2/8/11
Pain & Injury 1/12/11
L-Spine 10/12/10
X-Ray 9/17/10
ENG 4/12/11
ACE 7/8/11 and 7/29/11
7/7/11 and 8/1/11
12/13/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a woman who was injured on xx/xx/xxxx while performing work related duties. She was lifting boxes and injured her low back. Her MRI shows a 2-3 mm disc protrusion at L4-5 pressing on the anterior aspect of the S1 nerve root. She has participated in 6 sessions of mainly passive therapy with minimal results, 10 sessions of active rehabilitation and a trial of chiropractic manipulation. She continues to have mild local low back pain and persistent, intermittent leg pain, mostly in the posterior left leg during prolonged walking. She is able to do most ADL's but has intolerance to forward trunk flexion, stair climbing, walking greater than 30 minutes and prolonged standing. She has rejected lumbar epidural steroid injections which were recommended. She has attended 10 sessions of CPMP with an increased ability to perform parallel squats with a 10-pound dumbbell and unsupported stair climbing. She is at Sedentary PDL with occasional Light PDL but job required Heavy PDL. A request was received for an additional 10 sessions of CPMP, but this request has been denied as not being medically necessary. The reviewer noted several reasons for the denial. The FCE dated 04/21/2011 with graphical representation of the patient's functional capacity was not provided. The patient's weight is obese, which could be a contributing cause of her low back pain and she is in a deconditioned state. Objective steps on how this medical condition is going to be addressed were not clearly provided. Furthermore, the notes indicate the patient has mild low back pain and intermittent leg pain in addition to a reduction in her already minimal BDI and BAI. The medical necessity of this request cannot be established at this point.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

A review of the records supports the position of the denial. The reviewer states that medical factors complicating the patient's recovery such as obesity and general deconditioning are not being addressed. A review of the appeal rebuttal fails to provide new evidence that would counter these objections. The goals stated in the rebuttal letter do not seem to justify additional CPMP.

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