

# I-Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Sep/09/2011

**IRO CASE #:**

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

Outpatient Chronic Pain Management Program (CPMP) for ten (10) days; eighty (80) hours as related to lumbar

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

MD, Board Certified Physical Medicine and Rehabilitation

**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**

Official Disability Guidelines

Utilization review determination dated 08/04/11, 08/11/11

Follow up notes dated 02/05/09-11/29/10, 01/04/07, 07/10/06, 04/10/06, 01/16/06, 10/10/05, 08/22/05, 07/18/05, 05/16/05, 03/11/05, 01/24/05, 01/03/05, 12/13/04, 08/16/04, 07/26/04, 05/03/04, 01/05/04, 12/10/03, 10/27/03, 09/29/03

MRI lumbar spine dated 03/08/2000

CT lumbar spine dated 04/25/00

Radiographic report dated 08/12/10, 11/05/09, 10/01/09, 09/14/09, 06/12/09, 08/24/05, 03/11/05, 02/11/05, 01/21/05, 12/02/03, 10/21/03, 05/18/10, 05/20/10

Functional capacity evaluation dated 07/19/11

Initial evaluation report dated 07/13/11

Clinical interview dated 07/26/11

Request for preauthorization dated 08/01/11

MRI cervical spine dated 10/01/09

Discharge summary dated 10/15/09, 08/20/09, 02/13/05

Operative report dated 10/14/09, 08/18/09, 06/12/09, 08/24/05, 02/11/05, 01/21/05, 12/02/03

History and physical dated 10/14/09, 08/18/09, 02/11/05, 01/21/05

Consultation report dated 02/11/05

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient slipped and fell on some water. Treatment to date includes multiple lumbar surgical interventions (11/1996, 02/11/2005, 08/18/09, 10/14/09), epidural steroid injections, physical therapy, diagnostic testing, and medication management. The patient underwent functional capacity evaluation on 07/19/11. Psychological evaluation dated 07/26/11 indicates that current medications include Byetta, Actos, Metformin, Gabapentin, Omeprazole, Lexapro, Crestor, Levothyroxine, Trazadone, Hyzaar and Hydrocodone. BDI is 22 and BAI is 18. Diagnosis is

pain disorder associated with a general medical condition and psychological factors. On 08/04/11 a peer reviewer denied the request for CPMP noting that a full psychological evaluation including the administration of validated psychological testing has not been provided. A PDC based on testing results is not provided. Negative predictors of success have not been addressed. Lower levels of care have not been attempted. The denial was upheld on appeal dated 08/11/11 noting that no further psychological evaluation directed at assessing beliefs regarding pain/disability and to identify potential psychosocial stressors impacting recovery and to rule out other concurrent psychiatric diagnoses is seen. No previous psychiatric treatment is included.

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

This patient sustained injuries years ago. The Official Disability Guidelines do not support chronic pain management programs for patients whose date of injury is greater than 24 months old as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. In addition, 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 documentation that the patient has undergone any recent conservative treatment or a course of individual psychotherapy to treat psychological symptomatology. The reviewer finds there is no medical necessity for Outpatient Chronic Pain Management Program (CPMP) for ten (10) days; eighty (80) hours as related to lumbar.

**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)