

SENT VIA EMAIL OR FAX ON  
Aug/26/2011

## Applied Assessments LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/26/2011

**IRO CASE #:**

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

10 sessions (80 hours) Chronic Pain Program 5 X 2 8 hours a day

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

Anesthesiology

**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. MRI lumbar spine without contrast dated 10/19/10
3. Texas Worker's Compensation Status reports
4. Preauthorization determination letter for possible epidural steroid injection dated 12/03/10
5. EMG/NCV report dated 12/21/10
6. Progress notes dated 01/18/11-05/20/11
7. Preauthorization determination letter for lumbar epidural steroid injections x 3 and lumbar x-rays 2/3 views dated 01/27/11
8. Operative report dated 02/18/11 for intralaminar lumbar epidural steroid injection
9. Preauthorization determination letter for left L5 lumbar selective epidural steroid injection dated 03/04/11
10. Operative report lumbar selective epidural injection dated 03/11/11
11. Adverse determination letter dated 03/29/11
12. Impairment rating, required medical evaluation, and treating doctor evaluation dated

05/10/11

13. Work hardening weekly progress notes
14. Functional capacity evaluation dated 06/07/11
15. Precertification request dated 06/09/11
16. Initial review adverse determination letter for chronic pain program x 10 sessions (80 hours) dated 06/16/11
17. Request for appeal dated 07/05/11
18. Reconsideration adverse determination letter for appeal chronic pain program x 10 sessions (80 hours) dated 07/15/11

#### **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient reports that a belt machine fell on him and injured his back. Treatment to date is noted to include MRI of the lumbar spine, electrodiagnostic studies, lumbar epidural steroid injections, and physical therapy. Physical examination dated 05/20/11 indicates that the patient is not on any medications. BDI is 44 and BAI is 35. Diagnosis is pain disorder with psychological factors. The patient subsequently completed a work hardening program. Functional capacity evaluation dated 06/07/11 indicates that the patient completed 10 sessions of the program with some improvement. The patient was then recommended for CPMP due to his high levels of depression.

Initial request for chronic pain program was non-certified on 06/16/11 noting that functional capacity evaluation on 06/07/11 indicated inconsistent lifting. Floor lifts, high far lift and torso lifts are not valid. Current medications are none. The patient should be on medications with monitoring given his depression and anxiety scores. The patient does not have a job to return to. Letter of appeal indicates that lifting results are valid. The patient is highly against taking medication to assist with management of his psychological symptoms. The denial was upheld on appeal on 07/15/11 noting that the claimant appears to have some negative predictors of success with high depression and anxiety scores as well as high FABQ(W) score. The patient was noted to be wheeled in by his wife in a wheelchair after participating in a functional capacity evaluation which raises a little bit of a flag in ability to progress with activities. There is also some concern with the fact that further surgical intervention has been discussed if the patient did not continue to progress. The patient does not have significant opioid medications listed that are being taken.

#### **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 10 sessions (80 hours) chronic pain program 5 x 2 8 hours a day is not recommended as medically necessary, and the two previous denials are upheld. The patient presents with significant depression and anxiety; however, there is no indication that the patient has undergone a course of individual psychotherapy or been placed on psychotropic medication. There is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of his subjective complaints. The patient is not currently taking any medications. The patient was noted to be in a wheelchair which brings into question his ability to fully participate in a multidisciplinary program. 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**

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

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**