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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Chronic Pain Management Program X 10 sessions pertaining to depression, anxiety and neck pain complaints

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

Family Practice

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. Daily progress notes dated 12/21/10-08/25/11
3. MRI cervical spine without IV contrast dated 01/28/11
4. Physical performance evaluation dated 02/17/11
5. Office visit notes Dr. dated 02/17/11-08/23/11
6. Initial Evaluation dated 02/25/11
7. EMG/NCV dated 03/04/11
8. Clinic notes Dr. dated 03/18/11-06/14/11
9. CT facial bones without IV contrast dated 03/25/11
10. History and Physical and follow-up office notes Dr. dated 04/01/11 and 06/03/11
11. Functional capacity evaluation dated 04/05/11
12. Operative report dated 04/28/11
13. MRI lumbar spine without IV contrast dated 05/19/11
14. Functional capacity evaluation dated 06/21/11
15. Request for services dated 06/29/11
16. Notice of utilization review findings dated 07/07/11
17. Request for reconsideration dated 07/12/11
18. Notice of utilization review findings dated 07/19/11
19. Behavioral evaluation and updated request for services dated 08/18/11
20. Request for medical dispute resolution dated 09/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have fallen while at work. She was noted to have diagnosis of facial and nasal contusion. She was later diagnosed with nasal fracture and sacral deviation with cervical pain. The records indicate the claimant was under the care of D.C. MRI of cervical spine was performed on 01/28/11. This study shows .1 cm disc herniations from C2-3 to C6-7.

Records indicate the claimant underwent a functional capacity evaluation on 02/17/11.

On 02/17/11 the claimant was seen in follow up by Dr. who notes that the claimant slipped and fell sustaining injury to her face and left cheek. She's further reported to have sustained injuries to her thoracic and cervical spines. He reports that her neurological examination is entirely unremarkable. He recommends that she continue under the care of Dr. and should she have continued problems she could return for consideration of epidural steroid injections. The claimant was referred for psychological evaluation on 02/25/11. Her Beck depression inventory is reported to be 16. Beck anxiety inventory is 23. She was recommended to have six sessions of individual psychotherapy. The claimant was referred for EMG/NCV study on 03/04/11 which is reported to reveal evidence of bilateral C5 and C6 radiculopathy.

On 03/25/11 the claimant was referred for CT of the facial bones which is essentially normal and showed no evidence of acute fracture or nasal septal deviation.

On 04/28/11 the claimant was taken to surgery by Dr. and underwent septoplasty with bilateral endoscopic sinus surgery.

Records indicate request was sent in for performance of ACDF at C5-6 and C6-7 which were not approved under utilization review.

On 06/29/11 the claimant was recommended to undergo 10 sessions of chronic pain management.

On 07/07/11 the initial request was reviewed by Dr. Dr. notes the claimant was injured and has been treated with physical therapy, medications, individual psychotherapy, surgery, and work conditioning program. Her average pain levels are 6/10. Beck Inventory suggested mild to moderate depression, mild anxiety symptoms. The necessary physical demand level needed to return to former employer is sedentary physical demand level. It is further reported the claimant is candidate for spinal surgery according to Dr. and she has previously been approved for 30 hours of work hardening program. Results of her participation in that program were not provided. Validated psychological testing has not been conducted as part of psychological evaluation. She finds the request is not reasonable or necessary and does not meet the ODG guidelines.

A request for reconsideration was placed and reviewed on 07/19/11 by Dr. Dr. non-certifies the request and notes that she has now been recommended for a CPMP due to a lack of progress caused by high levels of psychological distress and a lack of coping skills. However after psychotherapy her depression is lower in the mild range and anxiety is now mild. It is also noted she resisted eliminating negative thought patterns but this is not elaborated on or addressed in the current treatment plan. He further notes that no personality testing has been performed to shed light on the origins of this pattern which will interfere with pain coping and reducing fear avoidance in the program. He notes that there is no information about her current medications that she is taking. He notes that the request in the treatment plan is virtually identical to all others from this facility and is not individualized to address the above issues. He notes that her job her required physical demand level is sedentary and she is currently at that level. He reports that there is no information about outcomes from work conditioning.

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

The request for chronic pain management program times 10 sessions is not supported by the submitted clinical information. The available medical records indicate that the claimant has undergone extensive conservative treatment consisting of oral medications physical therapy chiropractic treatment individual psychotherapy and a work conditioning program. Per the previous reviewer's notes the claimant the treatment plan as provided is not individualized to address the claimant's comorbid psychiatric issues and unwillingness to alter her thought patterns. The records do not include any psychological profile testing and based upon the totality of the clinical information the claimant would not meet criteria for this program per the Official Disability Guidelines.

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)