

SENT VIA EMAIL OR FAX ON
Apr/05/2012

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 X wk X 2 wks 80 hours Multiple Sites

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

Anesthesiology/Pain Management

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

Cover sheet and working documents

Utilization review determination dated 03/21/12, 03/02/12

Request for initial 80 hours of CPMP dated 02/28/12

Reconsideration dated 02/28/12

PPE dated 02/09/12

Handwritten note dated 02/01/12

Chronic pain management plan and goals of treatment dated 02/23/12

Psychological testing results dated 06/17/11

Initial behavioral medicine consultation dated 05/04/11

Assessment/evaluation for CPMP dated 02/17/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was involved

in a roll-over accident while driving his 18-wheeler and received multiple fractures and was unconscious in the hospital for 10-11 days. Initial behavioral medicine consultation dated 05/04/11 indicates that treatment to date includes diagnostic testing and treatment through the Brain Injury Transitional Services at Hospital. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; cognitive disorder nos; and major depressive disorder, single episode, severe. Psychological testing results dated 06/17/11 indicates that MMPI-2-RF protocol is valid. PPE dated 02/09/12 indicates that required PDL is heavy and current PDL is sedentary. Assessment dated 02/17/12 indicates that BDI is 45 and BAI is 43. Current medications include Ibuprofen, Vicodin, Celebrex, Amitriptyline, Cymbalta, Depakote, Zanaflex and Theophylline. One previous suicide attempt was reported after being released from the hospital. The patient reported current suicidal ideation without plan or intent.

Initial request for chronic pain management program was non-certified on 03/02/12 noting that there are no clinical records submitted to validate that the patient underwent an appropriate course of physical therapy or had sufficient course of evidence-based exercise rehabilitative program and optimized pharmacological treatments. It was noted that the patient had multiple complaints on the shoulder, cervical spine and lumbar spine; however, there was no mention if these complaints have been addressed. Treatment goals are not specific and time-limited. It was not clear if there was an absence of other options likely to result in significant clinical improvement and that the patient was not a candidate for further diagnostic, injections or other invasive or surgical procedure. The denial was upheld on appeal dated 03/21/12 noting that medical report dated 02/01/12 stated that the patient could not proceed with surgery because of pulmonary issues. There is none in the medical records submitted for review that addresses this medical problem. This can also have an impact on the outcome of the proposed pain management program.

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 chronic pain management program 5 x wk x 2 wks 80 hours multiple sites is not recommended as medically necessary, and the two previous denials are upheld. 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 as required by the Official Disability Guidelines. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient is noted to have pulmonary issues which preclude surgical intervention; however, this issue is not addressed. Assessment dated 02/17/12 notes that the patient presents with suicidal ideation, and it is unclear if the patient is stable enough from a psychological standpoint to maximize benefit in a multidisciplinary program. There is no indication that the patient has undergone an adequate course of individual psychotherapy prior to the 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