

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: March 29, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A chronic pain management program (CPMP) for eight (8) hours per day for ten (10) days as related to the neck, left shoulder, left knee, right ear, head, left cheek and eyes.

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

M.D., Board Certified in Occupational Medicine.

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)

The requested chronic pain management program (CPMP) for eight (8) hours per day for ten (10) days as related to the neck, left shoulder, left knee, right ear, head, left cheek and eyes is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 3/09/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 3/12/12.
3. Notice of Assignment of Independent Review Organization dated 3/12/12.
4. Letter from dated 3/12/12 and attachments.
5. Letters from PhD and MD dated 12/22/11, 1/18/12, 3/07/12 and 3/17/12.
6. Denial documentation.
7. Accuhealth Physical Assessment Evaluation and Treatment Plan dated 12/08/11.
8. Medical records from Inc. dated 8/03/10 through 12/22/11.
9. Inc. Chronic Pain Management Program documentation dated Week I, Week II, Week III and Week IV.
10. Functional Capacity Evaluation Summary dated 10/13/11 through 12/14/11.
11. Pain management daily progress notes dated 2/03/11 through 12/07/11.
12. Inc. Interdisciplinary Pain Program Psychoeducational Group Notes dated 10/31/11 through 12/07/11.
13. Inc. Interdisciplinary Pain Program Process Group Notes dated 10/31/11 through 12/07/11.
14. Inc. Interdisciplinary Pain Program Relaxation Group Notes dated 10/31/11 through 12/07/11.
15. Inc. Daily CPM Physical Conditioning Schedule dated 4/05/11 through 12/06/11.
16. Undated medical records from Accuhealth, Inc.
17. Inc. Interdisciplinary Pain Program Individual Counseling Progress Notes dated 1/27/11 through 7/15/11.
18. Letter from dated 3/14/12.
19. ODG-TWC documentation.
20. Documentation pertaining to Texas Department of Insurance provisions for Independent Review Organizations.
21. Undated letters from the patient.
22. Letter from the patient dated 8/06/11.
23. Medical records from MD dated 10/28/11.
24. Inc. Behavioral Medicine Evaluation dated 12/22/10.
25. Texas Department of Insurance Report of Medical Evaluation dated 8/18/11.
26. Medical records from MD dated 8/18/11.
27. Medical records from MD dated 10/11/11.
28. Texas Workers' Compensation Work Status Reports dated 8/03/10 through 7/08/11.
29. Daily progress notes from unknown source dated 8/17/10 through 6/28/11.
30. X-ray reports dated 8/05/10 and 5/27/11.
31. Team Conference Notes dated 4/07/11.
32. Medical records from, MD dated 12/18/10 through 1/06/11.

33. Certificate of medical necessity dated 9/12/11.
34. Medical records from MD dated 10/26/10 through 9/07/11.
35. Operative report dated 3/10/11.
36. Medical records from MD dated 10/20/10 through 6/22/11.
37. Emergency Department records and related hospital records dated 7/28/10, 9/09/10 and 1/03/11.
38. Medical records from Hospital dated 7/22/10 through 7/24/10.
39. MRI shoulder dated 10/18/11.
40. MRI brain dated 12/22/10.
41. MRI lumbar spine dated 10/18/10.
41. MRI cervical spine dated 8/30/10.
43. CT scan of the head dated 8/30/10.
44. Functional Abilities Evaluation dated 8/18/11.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured in a fall on xx/xx/xx. On 12/14/11, the medical records noted constant burning and throbbing neck pain that radiated to the left shoulder, intermittent numbness/tingling sensation of the left arm, pressure-type pain in the left knee and constant aching pain in the low back that radiated to the left leg laterally. The patient reported intermittent numbness/tingling sensation in the left leg. On 12/22/11, the patient's diagnoses included pain disorder, major depressive disorder, bilateral eye subconjunctival hemorrhage, cervical disc injury, non-displaced greenstick fracture of the right zygoma, temporal bone fracture, post concussion syndrome, left knee internal derangement and lumbar disc protrusion. The patient has requested coverage for a chronic pain management program (CPMP) for eight (8) hours per day for ten (10) days as related to the neck, left shoulder, left knee, right ear, head, left cheek and eyes.

The URA indicated that after an initial 10 days in the CPMP, the patient's physical demand level increased from sedentary to sedentary-light. Per the URA, progress towards psychological goals is not provided. The URA noted that current psychological screenings suggest severe depressive/anxiety symptoms and elevated fear of physical activity. The URA indicated that the request is not medically necessary and does not meet current Official Disability Guidelines (ODG) for approval. On appeal, the URA noted that there is a lack of information about cognitive functioning that has a bearing on the patient's suitability for the program and lack of objective evidence of progress in the program. Per the URA, the requested services are not consistent with ODG.

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

This patient has previously undergone a pain management program. The submitted documentation does not demonstrate that the patient meets ODG guidelines for additional chronic pain management program services. As noted by the URA, there is a lack of objective evidence of progress in the patient's previous pain management program. There is inadequate documentation of progress towards psychological goals. Moreover, the patient is 20 months post

injury and the submitted documentation does not clearly identify the presence of a pain generator. All told, the requested chronic pain management program is not consistent with ODG guidelines and is not medically necessary in this case.

Therefore, I have determined the requested chronic pain management program (CPMP) for eight (8) hours per day for ten (10) days as related to the neck, left shoulder, left knee, right ear, head, left cheek and eyes is not medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)