

# True Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/14/2012

**IRO CASE #:**

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

Chronic Pain Management Program X 80 hours

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

PM&R and Pain 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Preauthorization review determination 06/12/12

Physician advisor report 06/12/12

Preauthorization reconsideration review 07/27/12

Physician advisor report 07/27/12

Functional capacity evaluation 04/18/12

Criteria for general use multidisciplinary pain management program (undated)

Mental health evaluation (partial report pages 1 and 2 of 5 page report)

X-rays right knee 11/10/11 and 07/12/12

IRO statement PhD (undated)

Patient daily notes 04/02/12-05/24/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female whose date of injury is xx/xx/xx. Records indicate the claimant was lifting a box of frozen chicken weighing approximately 50 lbs from cooler onto a cart when she felt a pop in her right knee. Treatment to date is noted to include rest from work, physical therapy, surgical, individual psychotherapy and emergency medical care. She has had no appreciable improvement in response to treatment. The claimant was recommended to participate in chronic pain management program.

A request for chronic pain management program x 80 hours was denied per preauthorization review dated 06/12/12 after peer to peer discussion with Dr. The reviewer noted the psychological evaluation of 06/04/12 finds impression of adjustment disorder and pain disorder, but this is inadequate as evaluation for admission to comprehensive pain rehabilitation program. The employee psychometric assessments are inadequate to support diagnosis or explicate the clinical problems, to assist in ruling out other conditions which may explain or contribute to symptoms and help design and predict response to treatment, and

there is no “thorough behavioral psychological examination” to provide reasonable “manifest explanation for etiology and maintenance of patient’s clinical problems.” Reviewer further noted there was no documentation or known finding that the claimant’s treating physician has currently ruled out all other appropriate care for the chronic pain problem. It was noted there were multiple refusals of tests on the functional capacity evaluation performed 04/18/12; yet there is no substantive behavioral assessment in the above psychological evaluation. It was further noted the claimant is morbidly obese and weight is clearly associated with return to work problems, comorbid disability, depression, reduced quality of life and reduced physical function and chronic benign pain conditions.

A reconsideration request for chronic pain management program times 80 hours was denied per review dated 07/27/12. It was noted the claimant has a history of right knee pain complaints following lifting injury. Treatment has included rest from work, physical therapy, individual psychotherapy, emergency medical care and knee surgery on 01/30/12. History is also positive for HTN. The claimant is morbidly obese (BMI 42.9). Current medication is hydrocodone as needed; dose unknown. Mental health evaluation dated 06/04/12 indicates that BAI is 9 and BDI is 13. Diagnoses are adjustment disorder with mixed anxiety and depressed mood; and pain disorder associated with both psychological factors and a general medical condition. Functional capacity evaluation indicates that required physical demand level is medium and current physical demand level is light/medium. It was noted that the claimant is obese and says she cannot do some of the activities required during a functional capacity evaluation. During peer to peer Dr. could not answer whether claimant was physically capable of performing all of the modalities utilized in a chronic pain management program. It was therefore unclear if the claimant is physically able to maximize benefit of a chronic pain management program.

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

Based on the clinical data provided, the proposed chronic pain management program times 80 hours is not supported as medically necessary. The claimant reportedly injured her right knee when she lifted a box of frozen chicken and felt her right knee pop. She underwent right knee surgery. Other treatment has included physical therapy, activity modification, and individual psychotherapy. There is no documentation regarding the claimant’s response to individual psychotherapy. It is noted that the claimant is taking hydrocodone, but there is no indication that the claimant has had a trial of psychotropic medications. Records indicate the claimant is obese and was unable to perform all tasks on functional capacity evaluation. Therefore, it is unclear if the patient will be able to participate fully in a multidisciplinary return to work program.

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

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

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**