

# True Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Dec/18/2012

**IRO CASE #:**

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

Outpatient Management Program X 10 sessions

**A 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)

**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

Cover sheet and working documents

Notice of disputed benefits

Preauthorization/concurrent review forms 04/09/07, 06/04/07, 08/21/07, 09/05/07, 11/21/07, and 11/15/10

Request for medical provider intervention 06/07/07

SOAP notes 01/19/10-02/28/11

Office visit notes DC 01/09/10-11/02/12

Functional capacity results 09/12/11

Initial psychological evaluation 08/28/12

Physical performance evaluation 08/28/12

Outpatient medical rehabilitation program preauthorization request 09/17/12

Preauthorization/concurrent review form 09/19/12

Request for medical provider intervention 09/20/12

Outpatient medical rehabilitation program preauthorization appeal request 10/18/12

Peer review report 10/23/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male whose date of injury is xx/xx/xx. The claimant was reportedly assisting other when he injured his low back. The claimant was noted to have completed a comprehensive pain management program (CPMP) times 20 sessions. Per functional capacity evaluation dated 09/12/11, the claimant was determined to have reached and to be capable of performing sedentary to light and sedentary light to light physical demand level, with job demand of medium physical demand level. Psychological evaluation dated 08/28/12 noted that the claimant was experiencing mild depressing and mild to moderate symptoms of anxiety. A repeat physical performance evaluation on 08/28/12 noted the claimant was capable of performing a light to light medium physical demand level. It was noted that the claimant was working with xx to explore options for reemployment or retraining, but had been told by his counselor that his strength and endurance deficits limit the ability of the counselor to find appropriate placement. A request for outpatient management program times 10 sessions was denied by utilization review on 09/21/12 noting that the claimant had been certified at maximum medical improvement with no further material gains expected. Physical performance evaluation placed him in light to light medium physical demand level and he was working with xx for vocational assistance. He had not worked for several years. There was no support for an outpatient pain program as this claimant in addition to the above had already attended 20 sessions of a chronic pain management program.

An appeal request for outpatient management program times 10 days was denied per utilization review dated 10/25/12, noting that the claimant had not satisfied Official Disability Guidelines criteria for entry into a multidisciplinary pain management program. In particular, it was noted that he had already completed a 20 day chronic pain management program in the past and Official Disability Guidelines criteria noted that neither reenrollment nor repetition of the same or similar rehabilitation program was medically warranted for the same condition or injury.

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

The claimant was noted to have sustained an injury to the low back on xx/xx/xx. The claimant has not worked in several years. He has previously completed a chronic pain management program times 20 sessions. Per Official Disability Guidelines pain chapter, at the conclusion and subsequently, neither reenrollment in repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury with a possible exception for medically necessary organized detox program. The guidelines further reflect that total treatment duration should generally not exceed 20 full day sessions, with which the claimant has already completed. Also, multidisciplinary pain program is not supported for a patient that has been continuously disabled for greater than 24 months as there is conflicting evidence that chronic pain programs provide return to work beyond this period. The request for outpatient management program x 10 sessions is not supported as medically necessary based on the clinical data submitted for review.

**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**