

# IRO Express Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Dec/07/2012

### IRO CASE #:

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

Chronic Pain Management for the Cervical Spine (80 hours)

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

Board Certified PM&R

Board Certified 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

Emergency room records dated 06/03/11

Clinical notes dated 12/07/11 and 02/08/12

Progress report dated 08/03/11

MRI cervical spine dated 10/21/11

MRI of the brain dated 10/21/11

CT of the head dated 06/23/11

Functional capacity evaluation dated 06/20/12

Electrodiagnostic studies dated 01/16/12

Clinical notes dated 03/06/12 and 06/12/12

Clinical assessment reports dated 04/25/12

Pre-authorization letter dated 07/03/12

Work hardening re-evaluation dated 07/30/12

Chronic pain management assessment report dated 09/28/12

Chronic pain management progress report dated 11/06/12

Letter dated 10/09/12

Prior reviews dated 11/12/12 and 11/15/12

Cover sheet and working documents

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient has been extensively

treated at the tertiary level of care with a prior work hardening program. The patient was removed from the work hardening program due to significant psychological issues and was enrolled in a chronic pain management program for 10 sessions. The chronic pain management progress report dated 11/06/12 stated that the patient's baseline scores prior to the initiation of chronic pain management included a BAI score of 17 and a BDI score of 25. The patient's FABQ score for physical activity was 17 and 29 for work. The patient's GAF score was 55. Medication utilized at the start of the chronic pain program included Hydrocodone TID, Naprosyn, and Flexeril. The patient's scored physical demand level was medium. The patient was reported to have required a heavy physical demand level for work. After 10 chronic pain management sessions, the patient's BDI and BAI score were reduced to 13 and 18 respectively. The patient had some improvement in FABQ scores for physical activity; however, no improvement with FABQ scores for work was noted. The patient's GAF score increased to 65. The patient was able to reduce Hydrocodone to 2 times per day and the patient's physical demand level improved to a borderline medium-heavy physical demand level. The patient was compliant with the chronic pain management program to date and the patient was recommended to continue with the last 10 sessions of a chronic pain management program. Physical examination after 10 sessions of chronic pain management revealed continuing restriction in the cervical spine with some resistance noted with active movement.

The request for chronic pain management for 80 hours was denied by utilization review on 11/12/12 secondary to minimal improvement in psychological values and a worsening functional physical demand level.

The request was again denied by utilization review on 11/15/12 as there was no documentation of a positive response to the previously rendered treatment.

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

The requested additional chronic pain management for 80 hours is recommended as medically necessary based on the clinical documentation provided for review. The patient's chronic pain management progress report on 11/06/12 clearly showed an improvement in the patient's physical demand level. At the initiation of chronic pain management, the patient scored a medium physical demand level. At the end of the initial 10 sessions, the patient had improved to a borderline medium-heavy physical demand level. Per the clinical documentation, the patient did require a heavy physical demand level to return to work. As there is still some physical demand deficit, continuation of the chronic pain management program would be supported. The patient did make significant improvements in both BAI and BDI scores as well as improvement in physical activity scores on repeat FABQ testing. The patient's GAF score also improved from 55 to 65. Given that the patient does have some remaining deficits regarding physical demand level and fear avoidance scores, continuation of a chronic pain management program in order to return the patient to work would be consistent with current evidence based guidelines. As such, medical necessity is established and the prior denials are overturned.

**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**