

SENT VIA EMAIL OR FAX ON
Feb/13/2012

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 80 hours

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 12/13/11, 01/10/12

PPE dated 11/14/11, 09/02/11

Follow up note dated 11/29/11, 03/01/11, 04/26/11, 05/17/11, 06/03/11, 06/14/11, 07/12/11, 10/10/11, 11/21/11

Urine drug screen dated 11/29/11

Reevaluation FCE review dated 08/16/11

History and physical work hardening program dated 08/17/11, 10/19/11

Individual psychotherapy note dated 06/10/11, 06/14/11, 06/24/11, 06/27/11, 06/30/11

Report of MMI/IR dated 03/01/11

Environmental intervention note dated 03/14/11, 04/05/11, 08/26/11, 12/09/11

Consultation dated 04/15/11

Chronic pain management plan and goals of treatment dated 11/29/11

Initial behavioral medicine consultation dated 02/24/11

Assessment evaluation for chronic pain management program dated 11/29/11, 09/26/11,

10/19/11

Patient activity flow sheet dated 10/31-11/16/11

Work hardening program daily rehabilitation worksheet dated 11/03/11-11/16/11

Reassessment for work hardening program continuation dated 11/11/11

Work hardening daily note dated 11/02/11-11/16/11

Group psychotherapy note dated 11/02/11-11/16/11

Individual patient coordination dated 11/03/11

Functional capacity evaluation dated 10/10/11

Request for 80 hours of a chronic pain management program dated 12/09/11

Reconsideration request dated 01/03/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was lifting heavy boxes at xxxx and had sharp pain in her lower back. Initial behavioral medicine consultation dated 02/24/11 indicates that treatment to date includes x-rays, MRI scan, physical therapy and work hardening. Diagnoses are major depressive disorder, single episode, moderate; and pain disorder associated with both psychological factors and a general medical condition. Report of maximum medical improvement/impairment dated 03/01/11 indicates that clinical impression is lumbar strain. The patient was determined not to have reached MMI. The patient subsequently completed a work hardening program. Reassessment dated 141/11/11 indicates that FABQ-W increased from 23 to 25, FABQ-PA decreased from 13 to 10, BDI decreased from 25 to 18 and BAI from 19 to 4. PPE dated 11/14/11 indicates that current PDL is light and required PDL is heavy. Assessment dated 11/29/11 indicates that BDI is 18 and BAI is 23. Current medications include Ambien, Meloxicam, Tramadol, Motrin, Celexa. Request for CPMP notes that treatment to date includes a course of individual psychotherapy and a failed trial of work hardening.

Initial request for chronic pain management program x 80 hours was non-certified on 12/13/11 noting that it is unclear what specific progress she made in the work hardening program. The patient has already had a work hardening program and her progress over time with individual psychotherapy and work hardening appears to be variable. It is unclear how another return to work program would result in significant progress following her previous participation in psychotherapy and work hardening. Appeal letter dated 01/03/12 indicates that the patient advanced from sedentary to light PDL in the work hardening program. The denial was upheld on appeal dated 01/10/12 noting that the patient is currently working in a light duty capacity despite fear avoidance issues noted on the evaluation. She is not using controlled substances for pain control. There is no plan described for dealing with her work schedule and allowing her to continue working while participating in the program. Furthermore, there are no narcotic issues. It is unclear what are the goals of treatment as the patient is continuing to work and is clearly recovering.

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 x 80 hours is not recommended as medically necessary, and the two previous denials are upheld. The patient has previously undergone two work hardening programs, most recently in November 2011 and prior to behavioral medicine consultation dated 02/24/11 without significant progress. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The patient's lack of significant sustained gains secondary to another interdisciplinary return to work program is a negative predictor of success.

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

ACOEM-AMERICA 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)