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Notice of Independent Review Decision

DATE OF REVIEW: 01/17/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 hours of a chronic pain management program

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

Licensed by the Texas State Board of Examiners of Psychologists

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 or not medical necessity exists for each of the health care services in dispute.

80 hours of a chronic pain management program - Upheld

PATIENT CLINICAL HISTORY

The patient presented to xxxx on xxxxx. He was xxxxxx had sudden pain in the lower thoracic and lumbar areas. X-rays were normal. The diagnoses were acute thoracic and lumbar strains. Work restrictions and ice packs were recommended. On 09/07/11, Dr. evaluated the patient. He was currently doing therapy and was doing well. Physical therapy and Lodine were continued. On 09/16/11, Dr. recommended additional therapy three times a week for four weeks. An MRI of the lumbar spine was unremarkable on 10/04/11. On 10/05/11, Dr. noted the patient had attended seven therapy sessions in the past 30 days. Continued therapy was recommended twice a week for four weeks. On 10/25/11, Dr. I evaluated the patient. Examination revealed he walked with an antalgic gait favoring the right lower extremity and he had pronation of his right foot with limited toe and heel walking. There was tenderness in the cervical and thoracic spines. Straight leg raising was negative. Dr. felt the patient had a joint capsular injury with unresolved low back pain. Diagnostic medial branch blocks at L4-L5 bilaterally and right SI joint injection were recommended. On 12/07/11, Dr. recommended an FCE, as he felt the patient was a candidate for an interdisciplinary rehabilitation program. On 12/07/11, Ms. and Dr. performed a Behavioral Health Assessment. It was felt the patient was an appropriate candidate for an interdisciplinary rehabilitation program. An FCE on 12/07/11 indicated the patient was functioning in the medium physical demand level. Mr. also felt the patient was an appropriate candidate for an interdisciplinary rehabilitation program. On 12/14/11, Dr. requested preauthorization for 80 hours of a chronic pain management program. Dr., with xxxxx, provided an adverse determination on 12/19/11 for the requested 80 hours of a chronic pain management program. Dr. addressed a request for reconsideration for the chronic pain management program on 12/22/11. On 01/02/12, Dr., also with provided another adverse determination for the requested 80 hours of a chronic pain management program.

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

The original preauthorization request was denied on the basis that it was inconsistent with the ODG, particularly in the inadequacy of the psychological evaluation test results and interpretation. It was not felt to be a "complete psychological assessment", according to Dr..

The reconsideration request was denied by Dr. on the basis that it was inconsistent with the ODG related to multidisciplinary treatment programs. There was no substantiated improvement documented from a work hardening program, failure in such a program being a poor prognosis for another program, use of pain programs as "stepping stones," the role of psychological factors were not clearly identified," and evidence that all other options had been exhausted.

It should be noted that the DSM IV-TR criteria for utilization of Code 307.89 (Pain disorder associated with both psychological factors and a general medical

condition) typically calls for identification of an Axis I or Axis II diagnosis related to the psychological factors. No psychological diagnosis was provided. In the behavioral health evaluation of this patient, no specific test results were presented to support the conclusions and the examiner stated generically that the test results "suggest" depression and anxiety. The evaluator also documented that the patient presented himself in a positive manner. If that was an indication that test results were inconclusive or inconsistent, the evaluator needed to perform additional testing or interviewing in order to "synthesize" the data, as is the standard of practice in psychology, and provides a clear diagnostic picture. While the FCE revealed deficits in the patient's ability to work at a heavy physical level at the time of the evaluation, the most recent physical therapy reports indicated that the patient was making slow progress. No data was found that substantiated that additional conservative physical therapy treatment had failed. Therefore, the requested 80 hours of a chronic pain management program is neither reasonable nor necessary and the previous adverse determinations should be upheld at this time.

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 AND KNOWLEDGE BASE
- 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)**