SENT VIA EMAIL OR FAX ON
Jan/05/2012

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 hours of chronic pain management program for cervical and thoracic spine

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)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Pre-authorization decision and rationale 11/22/11
Pre-authorization decision and rationale 12/13/11
Patient face sheet
Functional capacity evaluation 11/14/11 and 10/19/11
Reevaluation for chronic pain management program 11/11/11
Pre-authorization request continuation chronic pain management program 11/17/11
Reconsideration request continuation chronic pain management program 12/08/11
TASB prospective review (M2) response 12/26/11
Pre-authorization determination 12/26/11
Chronic pain management program pre-authorization request 10/26/11
MRI cervical spine 06/03/10
EMG/NCV report 05/03/11
Designated doctor evaluation 11/03/10 and 05/04/11
Peer review 10/20/11
Initial behavioral medicine consultation 07/27/11

History and physical 10/19/11
Psychological testing results 10/18/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who fell through rafters injuring his neck and shoulders on xx/xx/xx. MRI of the cervical spine on 06/03/10 revealed multilevel degenerative disc disease with disc desiccation. There was mild broad based disc bulge at C5-6 and C6-7 causing mild ventral effacement of the thecal sac. There was no evidence of disc protrusion extrusion, central spinal stenosis or significant neural foraminal narrowing at any level. Electrodiagnostic testing performed 05/03/11 was reported as normal electromyogram and nerve conduction study of the upper extremities. Records indicate he was treated conservatively with cervical epidural steroid injections and medications. The patient was also put on activity modification/duty restriction and referred to physical therapy. According to designated doctor evaluation performed 11/03/10, the claimant was determined to have reached maximum medical improvement as of 09/21/10 with 0% whole person impairment rating. Records indicate that request for cervical surgery was non-authorized due to no objective findings of sensory mode changes and normal upper extremity EMG. Psychological evaluation and formal testing revealed moderate depression and anxiety, with high levels of fear avoidance in the workplace, high levels of somatic concern and focus, high levels of anger, cynicism and alienation, with no evidence of conscious exaggeration. Functional capacity evaluation was noted to show the claimant capable of light physical demand level, with job requiring heavy physical demand level. Records indicate that the claimant participated in four sessions of individual psychotherapy focusing on pain control and reducing fear of pain/reinjury. A pre-authorization determination dated 10/26/11 noted that an initial trial of five days/40 hours of a chronic pain management program were negotiated, with further days dependent on progress based on objective assessment.

A pre-authorization request for 80 hours of chronic pain management program for cervical and thoracic spine was denied on 11/22/11. The physician advisor completed a peer to peer phone conversation with Dr. and discussed the case/clinical records and denial rationale. It was noted the medical documents provided for the review did not include any report about the progress of the claimant during the five authorized days. No therapist reports were included. The psychological evaluation did not provide any information or conclusions that link the claimant's current condition to the injury.

A reconsideration/appeal request was reviewed on 12/13/11 and the reconsideration request for 80 hours of chronic pain management program for cervical and thoracic spine was denied. The physician advisor completed a peer to peer phone conversation with Dr.. It was noted that no specific psychological treatment has been documented. The claimant has already attended 40 hours of work hardening and has not shown enough improvement to support any further pain management programs. Official Disability Guidelines do not support reenrollment and repetition of the same or similar rehabilitation program.

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

Based on the clinical data provided, the request for 80 hours chronic pain management program for cervical and thoracic spine is supported as medically necessary. The claimant sustained an injury to the neck and bilateral shoulders during the course of his employment as a when he fell through the rafters. He underwent treatment to include physical therapy, medications, and cervical epidural steroid injections. Surgical intervention was denied. It was noted that the claimant underwent psychological evaluation which revealed moderate depression and anxiety as well as high levels of fear avoidance in the workplace and high levels of somatic concern and focus. The claimant participated in four sessions of psychotherapy. A negotiated initial trial of five days/40 hours of CPMP was authorized on 10/26/11. The documentation presented on reconsideration indicated that the claimant had demonstrated functional improvements in 6/9 measured outcomes: pain, irritability, frustration, anxiety, sleep and forgetfulness. It was further noted that the claimant

demonstrated improvement in physical demand level based on functional capacity evaluation completed on 11/14/11. The claimant improved from light to light-medium physical demand level. It was further noted that the claimant demonstrated improvement in activities of daily living including home exercise program, increased driving tolerance, and socialization. The Official Disability Guidelines support up to 160 hours of chronic pain management program with evidence of objective functional improvement. Given the current clinical data, the claimant does meet criteria for approval of additional chronic pain management program times 80 hours, and the previous denials are recommended to be overturned on IRO.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)