

I-Resolutions Inc.

An Independent Review Organization
8836 Colberg Dr.
Austin, TX 78749
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of chronic pain management program (CPMP) for the lumbar spine

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

M.D., Board Certified Physical Medicine and Rehabilitation

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

Official Disability Guidelines and Treatment Guidelines, Pain

Pre-authorization decision rationale 11/22/11

Pre-authorization decision rationale 12/08/11

Pre-authorization request for chronic pain management program 11/16/11

Pre-authorization request 12/01/11

Appeal request 12/01/11 chronic pain management program

Request for medical dispute resolution 12/14/11

Request for services chronic pain management program 11/15/11

Functional capacity evaluation 09/01/11

Prospective review response 12/14/11

Pre-authorization 09/13/11

Pre-authorization request for chronic pain management program 09/13/11

Request for services 10 sessions of chronic pain management program 09/01/11

Request for reconsideration 12/01/11

Pre-authorization 06/29/11

Pre-authorization request for individual psychotherapy sessions 06/29/11

Pre-authorization review 07/01/11

Initial interview 06/23/11

Request for services 07/22/11

Dr. 06/23/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained injuries to multiple body parts on xx/xx/xx secondary to a motor vehicle accident. He has been treated with injections, physical therapy and medications. Psychological screenings suggest severe depression and moderate anxiety symptoms. He was approved for 6 sessions of individual psychotherapy on 06/29/11. Per

request for services dated 11/15/11, the claimant's BDI score was 30, within moderate to severe range, and BAI score was 22, within the moderate range. It was noted that the claimant has not been able to become stabilized enough to enhance coping mechanisms to more effectively manage pain and achieve success. 10 sessions of behavioral multidisciplinary chronic pain management program have been recommended.

A peer-to-peer discussion was completed with Dr. on 11/22/11. It was noted the claimant is taking Cymbalta as well as transdermal Buprinorphine/Suboxone. Dr. said they will try to wean the claimant off of the opiate, but did not have a specific weaning plan as he does not do the weaning himself. He also did not have any outcome data to show that is a "proven program", and this is necessary in order to approve the program per Official Disability Guidelines.

It was also noted that the program needs to contact the employer to make sure he can return to work since it has been over 7 years since he worked there. The reviewer noted that if the school is not willing to consider reemploying him, then they need to put forth a plausible return to work plan and authorization request.

Another peer-to-peer conversation with Dr. was held on 12/07/11. It was noted the claimant currently is at a medium physical demand level, and goal is heavy physical demand level and retraining through DARS. Dr. reports the patient is also taking Lexapro and hydrocodone. He has had psychological evaluation and individual psychotherapy for severe depression and anxiety. He still has significantly high BDI score and BAI score which indicates negative predictors of success per guidelines. The claimant may have an issue with medications although the current list of medications has not been provided for review. Evaluation and treatment plan regarding these problems should be evaluated and followed up with prior to proceeding with chronic pain management program

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

This man sustained injuries secondary to a motor vehicle accident on xx/xx/xx. He has been treated with physical therapy, chiropractic, injections, TENS unit and medications without complete success in lowering levels of pain. Psychological evaluation on 06/23/11 revealed severe levels of depression and moderate to severe levels of anxiety. He participated in 6 sessions of individual psychotherapy, and a subsequent evaluation showed he continued with moderate to severe levels of depression and moderate levels of anxiety. This is a negative predictor of successful outcome for CPMP as per the ODG. The claimant's date of injury is over 7 years ago. Per Official Disability Guidelines, patients who have been continuously disabled for greater than 24 months have questionable positive outcomes. The reviewer finds there is not a medical necessity for 10 sessions of chronic pain management program (CPMP) for the lumbar spine, as the guidelines have not been satisfied, and no reason has been provided as to why the guidelines should not be followed in this particular patient's case.

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)