

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5x2

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

M.D., Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

The reviewer finds that medical necessity does not exist for Chronic Pain Management 5x2.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Office/outpatient visits Dr. dated 12/08/11 and 01/09/12

Patient information / functional capacity evaluation dated 01/19/12

Essential functions questionnaire no date

BDI II summary no date

Mental health evaluation dated 03/06/12

Patient referral and medical necessity dated 05/04/12

Utilization review determination dated 05/09/12

Physical medicine treatment plan dated 05/21/12

Patient referral and medical necessity dated 05/21/12

Utilization review determination dated 05/29/12

PATIENT CLINICAL HISTORY [SUMMARY]

The patient is a female whose date of injury is xx/xx/xx. She was mopping the kitchen when a heavy door was thrust open, forcefully hitting her left shoulder. Functional capacity evaluation dated 01/19/12 states that required PDL is medium and current PDL is light for floor to knees and floor to waist, no ability for floor to shoulders and sedentary for knees to waist. The remaining lifting tasks were suspended due to severe pain. Mental health evaluation dated 03/06/12 indicates that treatment to date includes physical therapy, massage, electrical stimulator, hot/cold pack, surgery and medication management. Medications are listed as Flexeril, Norco, Celexa, Cymbalta, Clonazepam, Trazodone and Nexium. BDI is 26 and BAI is 21. Diagnosis is pain disorder associated with both psychological factors and a work related injury.

A request for chronic pain management 5 x 2 was denied on 05/09/12 noting that the

requesting provider indicated that the patient is on a lot of medications, and they are requesting the program to help her to be able to come off the medications. Weaning off medications does not require the requested program according to the evidence based guidelines. The patient is 2 ½ years post injury. The claimant does not have a job to return back to currently. A recent PPE or functional capacity evaluation with evidence of maximum valid effort being performed throughout the evaluation has not been performed or provided with findings present to support the current request.

There is no evidence of lower levels of care with psych prior to the current request for this tertiary care program. Negative predictors have not been addressed. The denial was upheld on appeal dated 05/29/12 noting that the requesting provider has not submitted a written rebuttal to the rationale cited for the initial denial. The actual values of the submitted functional capacity evaluation indicate the patient was at a light PDL and the work required PDL appears to be self-reported and a written job description from the employer has not been provided. It appears that the patient has already met her work required PDL. The records do not support that the patient has a significant loss of ability to function independently resulting from chronic pain.

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

There are no treatment records, imaging studies, operative reports, individual psychotherapy notes, etc submitted for review. There is no current detailed PPE or functional capacity evaluation submitted for review to establish baseline levels of functioning as well as current versus required physical demand level. As noted by the previous reviewer, it appears that the patient has already met her work required PDL, based on previous functional capacity evaluation dated January 2012. Given the current clinical data, it is the opinion of the reviewer that medical necessity does not exist for Chronic Pain Management 5x2.

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)