

SENT VIA EMAIL OR FAX ON
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P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program 5 X wk X 2 wks

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
Request for IRO 05/16/12
Utilization review determination 04/18/12
Utilization review determination 05/08/12
Employer's first report of injury or illness xx/xx/xx
Clinical records NP
Clinical records
Physical therapy treatment records
Treatment records DC
MRI lumbar spine 03/18/11
Functional capacity evaluation 03/22/11
Clinical note Dr. 03/24/11-02/23/12
Psychological evaluation 04/01/11
Functional capacity evaluation 04/27/11
Functional capacity evaluation 05/31/11
EMG/NCV study 06/03/11
Functional capacity evaluation 07/05/11

Notice of independent review decision
IRO case number 36881 09/28/11
Treatment records DC
Functional capacity evaluation 11/08/11
Designated doctor evaluation 12/14/11
DWC form 69 11/14/11
Notice of independent review decision
IRO case number 38832 01/23/12
Functional capacity evaluation 03/05/12
Psychiatric evaluation 03/09/12
Request for 10 sessions of a chronic pain management program 03/09/12
Request for medical dispute resolution 05/24/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. On this date he is reported to have developed low back pain as a result of lifting a produce barrel with another employee. The records indicate that the claimant initially came under the care of NP and subsequently sought care from DC. The record includes an MRI of the lumbar spine which notes disc protrusions at L3-4, L4-5, and L5-S1. Records indicate that the claimant underwent a protracted course of chiropractic physiotherapy. He was later referred for EMG/NCV study on 06/03/11 which is reported to show evidence of L4, L5, and S1 radiculopathy bilaterally. The claimant was later referred to Dr..

The record contains IRO decision 36881 dated 09/28/11. The items in dispute were lumbar laminectomy and discectomy on the right at L4-5 level at L4-5 with an additional level. The reviewer upheld the prior determinations. Ultimately the claimant was placed at Maximum medical improvement by Dr. on 12/14/11. On physical examination the claimant was 5'5" tall and weighs 279 lbs and is morbidly obese. His gait is normal. He appears to have minimal discomfort while sitting. Range of motion is markedly limited in all planes. He has 4/5 strength in all muscle groups in right lower extremity and 4/5 strength in left lower extremity. He is able to walk on heels and toes. Straight leg raise is positive on right. Deep tendon reflexes are 2+ and equal bilaterally. EHL and Achilles deep tendon reflexes were absent. Sensation was intact to light touch in bilateral lower extremities altered on the right. Dr. recommended the claimant could have returned to work and the claimant has achieved maximum medical improvement and received 5% whole person impairment rating.

The record contains independent review decision #38832 dated 01/23/12. The evaluator upholds the prior adverse determinations for chronic pain management program 5 times a week for 2 weeks. It is noted psychological evaluation dated 04/01/11 indicated BDI as 5 and BAI as 5. The claimant was diagnosed with adjustment disorder with mixed anxiety and depressed mood and pain disorder with psychological factors and general medical condition. Later psychological evaluation dated 11/11/11 indicates the claimant's current medication is Hydrocodone and BDI is 42 and BAI 49. It was noted the request was non-certified noting it was unclear if the claimant had structural damage and reported inconsistencies in his presentation. The reviewer notes the record cannot establish if the claimant has exhausted lower levels of care and would be appropriate candidate for program. It is noted the claimant has exceedingly elevated beck scales; however, there is no indication he has undergone psychometric testing with validity measures to assess his subjective complaints. It is further noted there is no evidence the claimant has undergone individual psychotherapy. Records indicate the claimant underwent a repeat functional capacity evaluation which resulted in request for chronic pain management program. This note indicates Dr. again recommended surgical intervention.

The record contains a request for chronic pain management x 10 sessions. BDI is reported to be 42, BAI is 49. The claimant is again diagnosed with pain disorder with psychological factors and general medical condition.

The initial review was performed on 04/18/12 by Dr. PhD. Dr. Duncan non-certified the

request noting physical performance evaluation dated 03/15/12 notes inconsistencies. It is reported MMPI-II is not included in report because it was invalid so they went back and did MBMD which notes symptoms of anxiety and depression. She notes given there are no significant changes in patient's status since prior denials in pain management program, that a request for laminectomy not discectomy was submitted on 03/05/12 one day prior to request for MMPI-II and given issues with consistencies and invalid testing, the request for chronic pain management program cannot be established.

The subsequent appeal request was reviewed by Dr.. Dr. notes the case has previously been referred for chronic pain management program under same claim there was denial at appeal level which was upheld by IRO. A subsequent request for CPMP was again submitted. Telephonic consultation occurred with Dr. who had no knowledge of previous request or denials. Dr. notes without change in medical condition, he is unable to support CPMP in this case.

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

The request for chronic pain management program 5 times a week x 2 weeks is not supported as medically necessary and prior utilization review determinations are upheld. The submitted clinical records provide significantly conflicting data regarding the claimant's clinical presentation and proposed treatment plans. Early on the claimant underwent excessive chiropractic treatment and developed disability behaviors as there is progressive increase in BDI and BAI throughout course of treatment. The claimant initially was recommended to undergo laminectomy and discectomy which was not approved under utilization review and subsequently upheld under IRO. The claimant was then referred to participation in chronic pain management program, which was denied twice and upheld on IRO. It is reported the claimant has exhausted conservative treatment; however, there is no evidence the claimant has undergone individual psychotherapy or been aggressively treated with oral medications given severe levels of depression and anxiety. Additionally, there is a reference that the claimant is not a surgical candidate. However, the records suggest that Dr. has again submitted a request for surgical intervention indicating that the claimant is not at a tertiary level of treatment. There have been no substantive changes in the claimant's clinical presentation since the prior denials of a chronic pain management program and subsequent IRO determination. At present, given the conflicting data contained in the record, the request for chronic pain management program five times a week for two weeks cannot be supported as medically necessary.

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)