

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Functional Restoration Program 80 hours

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Utilization review determination dated 04/02/12, 04/24/12

Override letter dated 05/02/12

Letter from patient dated 04/25/12

Office visit note dated 04/25/12, 04/23/12, 04/17/12, 04/11/12, 03/27/12, 03/23/12

Handwritten physical therapy initial evaluation dated 03/23/12

Functional capacity evaluation dated 03/27/12

Mental health evaluation dated 03/19/12

Peer review dated 01/06/12

RME dated 01/25/12

Designated doctor evaluation dated 09/08/11

Reconsideration letter dated 04/13/12

Telephonic consultation dated 04/24/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female. In the designated doctor evaluation dated 09/08/11 it is reported that on xx/xx/xx the patient was involved in an altercation with a patient and injured her upper back, left shoulder, right wrist, mid back, neck, right shoulder, left elbow, right elbow, left wrist, left hand/fingers and right hand/fingers. She has had diagnostic testing, physical therapy, chiropractic care, massage therapy, TENS unit and injection therapy. The designated doctor reports that the examinee's inability to perform employment from 05/09/11 to 07/15/11 is not a direct result of the compensable injury. The patient was determined to have reached MMI with 0% whole person impairment. Peer review dated 01/06/12 indicates that there is no indication for future medical treatment to include work conditioning, work hardening and pain management. The patient has reportedly long recovered from her injuries. RME dated 01/25/12 indicates that she has had enough health care for her injury,

and no further care is indicated. Mental health evaluation dated 03/19/12 indicates that medications include Wellbutrin and Tramadol. BDI is 34. Diagnoses are pain disorder and major depressive disorder. Functional capacity evaluation dated 03/27/12 indicates that required PDL is very heavy and current PDL is sedentary. Note dated 03/23/12 states that the patient has completed 10 sessions of chronic pain management program at another facility without significant improvement. The patient reportedly presents with suicidal ideation. Initial request for functional restoration program 80 hours was non-certified on 04/02/12 noting that the patient had attended a chronic pain management program at Injury One; however, per telephonic consultation with the requesting provider, he questioned the quality of treatment that the claimant received. There is no clear physical component to the claimant's condition. The diagnostic testing failed to show any physical pathology as a result of the alleged incident.

The patient has attended 10 sessions of a chronic pain management program at a different facility that was ineffective. Therefore, enrollment in another facility is not warranted. The denial was upheld on appeal dated 04/24/12 noting that the patient completed a chronic pain management program in late 2011. Current evidence based guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The patient did not make significant progress in the chronic pain management program, as current PDL remains sedentary. The claimant has been placed at MMI by a designated doctor as well as an RME. The patient is not currently taking any opioid medications. Diagnostic testing results are largely unremarkable.

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

The patient was determined to have reached MMI as of 05/26/10 with 0% whole person impairment. Peer review dated 01/06/12 indicates that there is no indication for future medical treatment to include work conditioning, work hardening and pain management. The patient has reportedly long recovered from her injuries. RME dated 01/25/12 indicates that she has had enough health care for her injury, and no further care is indicated. The patient reportedly presents with suicidal ideation at this time; however, there is no indication that the patient has undergone a course of individual psychotherapy to address her depressive symptomatology. The patient's current PDL is sedentary and required PDL is very heavy, per the submitted functional capacity evaluation. Given the current clinical data, it is the opinion of the reviewer that the requested Functional Restoration Program 80 hours is not recommended 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)