

SENT VIA EMAIL OR FAX ON  
June/4/2012

## Pure Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/31/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

80 hours (10 days) functional restoration program

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

PM&R and Pain Medicine

**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

Cover sheet and working documents

Progress notes and reconsideration records Dr. dated 04/11/12-05/22/12

Functional capacity evaluation dated 04/12/12

Utilization review determination dated 04/20/12

Peer review dated 04/30/12 M.D.

Utilization review determination dated 05/16/12

Letter of appeal from the patient 05/21/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who reportedly was injured on xx/x/xxx while inspecting a car hood which dropped on his neck. The claimant is status post ACDF C3-6 performed in 05/10. Records indicate the claimant underwent a gastric sleeve procedure and has lost 135 lbs since. He completed 60 hours of chronic pain management program at Dallas Spine, but reportedly was dissatisfied with the program. He underwent initial consultation of

interdisciplinary evaluation for PRIDE program on 04/11/12. Diagnostic impression was chronic postoperative cervical posterior ramus radicular pain with current physical examination findings of severe muscle guarding and mobility deficits with segmental rigidity bracketing C3-6 3 level fusion / decompression involving C2/C6 and possible C7 with resolved left C7 radiculopathy.

A preauthorization request for 80 hours (10 days) functional restoration program was reviewed on 04/20/12 and the request was denied. The reviewer noted that mental health evaluation on 04/12/12 finds impression of pain disorder and major depressive disorder. However, this was inadequate as evaluation for comprehensive pain rehabilitation program. The psychometric assessments were inadequate to support diagnosis or explicate the clinical problem, to assist in ruling out other conditions which may explain or contribute to symptoms and help design and predict response to treatment; and there is no thorough behavioral psychological evaluation to provide reasonable manifest explanation for etiology and maintenance of patient's clinical problems, the ability of better understanding of patient in social environment or to provide explanation for identified complaints and dysfunction. The reviewer noted that rationale and estimate of dysfunction based on GAF rating is not germane as this cannot be considered as a valid and reliable estimate of the claimant's significant functional status or disability. It was noted this was a brief boilerplate screening not a reasonable psychological evaluation of a patient with a significant chronic pain syndrome. The claimant was noted to be currently receiving social security disability income support. Reviewer noted that applicants are rarely eligible for SSDI awards based on a chronic benign pain syndrome such as this (versus significant orthopedic limitations). Finally it was noted that it is currently inappropriate to attempt another pain program from the recent aborted one. The only information now provided on that recent failure was that the claimant did not like the therapist and was unsatisfied with the education received. However, there is no available documentation to clarify this mere subjective report on the part of the claimant. Pain behavior, resistance to drug weaning, financial issues, and/or other psychosocial factors often contribute to such failures, but there is no substantive record or assessment in this regard and the matter is not addressed in the above mental health report. It was noted that there is no documentation that the treating physician has ruled out all other appropriate care for the chronic pain problem.

A reconsideration request for 80 hours (10 days) functional restoration program was reviewed on 05/16/12 and the physician advisor denied the request. The reviewer had peer to peer discussion with Dr.. It was noted that the claimant had exposure to seven days in another CARF accredited pain program and quit. He was noted to be double dipping when it came to having opiate prescriptions filled while in the program. He also put in minimal to no effort in his own rehabilitation as he only attended 20 hours in seven days despite being provided transportation getting there. The claimant is not a candidate for this treatment again as the purpose of a pain program is to enable the patient to pursue his own independent healing process and this claimant is not motivated to do that.

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

Based on the clinical information provided, the request for 80 hours functional restoration program is not recommended as medically necessary, and the two previous denials are upheld. The patient's date of injury is approximately 3 years old. The Official Disability Guidelines generally do not recommend functional restoration programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. There appears to be an issue of noncompliance with treatment recommendations as the patient only completed 20 hours of previous pain program in seven days and then quit due to dissatisfaction. The patient's objective, functional response to the prior program is not documented. Given the current clinical data, the requested functional restoration program is not indicated 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)