

SENT VIA EMAIL OR FAX ON
Mar/12/2012

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

FRP 80 hours 97799

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

Cover sheet and working documents

Utilization review determination dated 02/17/12, 02/01/12

accreditation dated 06/30/11

Request for functional restoration program dated 02/22/12

Physical performance test dated 01/26/12

Office visit note dated 12/20/11, 11/21/11, 10/19/11

Appeal dated 02/06/12

Handwritten note dated 08/18/11, 07/21/11, 06/23/11, 06/04/11, 05/15/10, 05/07/11,

04/28/11, 03/31/11, 03/03/11, 02/03/11, 01/06/11

Comprehensive report dated 01/27/12

ODG reference material

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient injured his back when drilling into a concrete wall and he got twisted around when his drill got caught on rebar. Treatment to date includes epidural steroid injections, chronic pain management programs and medication management. Physical performance test dated 01/26/12 indicates that MMT is rated as 4+ to 5/5 in the bilateral lower extremities. Lumbar range of motion is flexion 42, extension 10, right lateral flexion 24, left lateral flexion 15 degrees. Straight leg raising is 64 degrees on the right and 42 degrees on the left. All tests are valid and consistent.

Initial request for functional restoration program 80 hours was non-certified on 02/01/12 noting that the patient exhibits 4/5 Waddell's testing. There is no clear documentation that

previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement and documentation that the patient has motivation to change and is willing to change their medication regimen including decreasing or actually weaning substances known for dependence. Appeal dated 02/06/12 indicates that the patient desperately wants to return to some form of full functionality as well as his freedom from the narcotic medications he is addicted/dependent to. BDI is noted to be 23 and BAI is 23. The denial was upheld on appeal dated 02/17/12 noting that the patient has not had an updated functional capacity evaluation. Dr. stated that the functional capacity evaluation will be done after the program is completed. The clinical documentation provided lack of evidence that the patient ah had a recent functional capacity evaluation prior to the program so an evaluation may be made after the 80 hours are completed to determine if the patient has had functional improvement. The patient was reported to have a BDI and BAI of 23; however, there is lack of evidence that the patient has been treated conservatively with individual psychotherapy sessions to manage the patient's depression and anxiety.

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 functional restoration program 80 hours 97799 is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted records do note that the patient has undergone two prior chronic pain management programs. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation programs. It is unclear when the patient attended these programs, and the patient's objective, functional response thereto is not documented. The patient's date of injury is approximately x years old. ODG does not recommend functional restoration program 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 is no comprehensive functional capacity evaluation or mental health evaluation submitted for review to establish baseline levels of functioning. 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 KNOWLEDGBASE
- 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
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)