

SENT VIA EMAIL OR FAX ON
Mar/06/2012

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 80 hours

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

Utilization review determination dated 01/26/12, 02/17/12

Functional capacity evaluation dated 01/05/12

History and physical dated 01/16/12

Chronic pain management plan and goals of treatment dated 01/10/12

Initial behavioral medicine consultation dated 12/22/09

Evaluation for CPMP dated 01/10/12

Request for chronic pain management program dated 01/24/12, 02/08/12

Reconsideration request dated 02/06/12

Designated doctor evaluation dated 08/17/11

Post DD RME report dated 11/29/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped on a wet floor and fell backwards. Treatment to date includes MRI scans, EMG/NCV, physical therapy, epidural steroid injections and medication management. Designated doctor evaluation dated 08/17/11 indicates that diagnosis is left knee torn meniscus and cervical spine degenerative change, possible sprain. The patient was determined to have not reached MMI. The patient is scheduled for surgery of knee replacement on 08/30/11. Anticipated date of MMI is 11/15/11. Post DD RME report dated 11/29/11 indicates that the patient underwent total knee replacement on 08/30/11. The patient was given 30% whole

person impairment. Evaluation for chronic pain management program dated 01/10/12 indicates that the patient has completed 6 sessions of individual psychotherapy. BDI is 56 and BAI is 40. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; dysthymic disorder, late onset; major depressive disorder, recurrent, severe without psychotic features. Medications are listed as Buspar, Celexa, Zanaflex, Norco and Lyrica. Functional capacity evaluation dated 01/05/12 indicates that current PDL is sedentary part time, and required PDL is medium.

Initial request for 80 hours of chronic pain management program was non-certified on 01/26/12 noting that the mental health evaluation is inadequate as an evaluation for admission to a comprehensive pain rehabilitation program. There is no documentation or known finding that the patient's treating physician has currently ruled out all other appropriate care for the chronic pain problem. The denial was upheld on appeal dated 02/17/12 noting that there is not an adequate and thorough multidisciplinary evaluation to determine the appropriateness of the request. states that the patient's symptoms are related to a pre-existing condition and this condition was unknown to. This pre-existing condition is not identified or addressed in the current psychological evaluation. There is no evidence provided to indicate that the treatment team has exhausted all appropriate treatments for this patient. The request is inconsistent with the requirement that "If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period".

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 chronic pain management program 80 hours is not recommended as medically necessary, and the two previous denials are upheld. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The patient underwent total knee replacement on 08/30/11; however, the operative report is not submitted for review, and there are no postoperative physical therapy progress notes submitted for review. The patient's Beck scales are exceedingly high, and there is no indication that the patient has undergone any psychometric testing with validity measures to assess the validity of the patient's subjective complaints. The patient's date of injury is over 2 years old. The Official Disability Guidelines do not support chronic pain management 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.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES