

SENT VIA EMAIL OR FAX ON  
Feb/28/2012

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/24/2012

**IRO CASE #:**

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

Chronic Pain Management Program daily for 40 hours related to cervical and lumbar pain.

**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

Notice of utilization review findings 01/24/12

Notice of utilization review findings 02/01/12

IRO response Dr. 02/09/12

Request for reconsideration Dr. 01/27/12

Preauthorization request Dr. 01/18/12

Behavioral evaluation report 01/12/12

Work capacity evaluation 01/12/12

Individual psychotherapy progress reports 12/27/11-01/05/12

Notice of utilization review findings 09/20/11

Orthopedic evaluation Dr. 09/06/11

Office notes Dr. 08/22/11 and 07/25/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured on xx/xx/xx. Records indicate the claimant was employed as xx and he fell from height of approximately 7 feet landing onto his back causing injury to his back, neck and right elbow. Records indicate the claimant was treated with medications, therapy, physical rehabilitation and injection therapy. He also underwent a course of individual psychotherapy, and has been treated with antidepressant medication. The claimant was recommended to participate in chronic pain management program.

A utilization review performed on 01/24/12 determined request for outpatient chronic pain management program daily for 40 hours related to cervical and lumbar spine pain is not authorized as medically necessary. It was noted psychological screening suggested moderate depression and anxious symptoms on Beck Inventories. The claimant may also perceive himself to be significantly disabled by pain. Validated psychological testing to rule out the presence of alternative psychological diagnoses has not been conducted. He is diagnosed with pain disorder and major depressive disorder, single episode, moderate in severity. Work capacity evaluation suggests he is functioning within light-medium physical demand level and needs to achieve very heavy physical demand level in order to return to former employment. It was noted all levels of care have not been attempted. In addition, the treatment plan based on results of testing is not provided. Finally, the rationale for modified CPMP is not provided.

A reconsideration request for chronic pain management program daily for 40 hours for cervical and lumbar spine pain was reviewed on 02/01/12 and non-authorized as medically necessary. The reviewer noted that the claimant fell about 7 feet from ladder injuring his right elbow, neck and low back. MRI of cervical spine on 06/25/11 noted C3-4 through C6-7 posterior annular bulges with mild foraminal encroachment at C6-7. MRI of lumbar spine on 06/25/11 notes minimal left posterolateral intraforaminal protrusion at L4-5 with annular fissure contacting the L5 nerve root and possibly the L4 nerve root. MRI of the right elbow on 07/15/11 notes olecranon bursitis, edema of posterolateral elbow, small joint effusion, subchondral erosions of capitellum with intact overlying cartilage moderate lateral epicondylitis, and ganglion cyst of anconeus muscle. The claimant is noted to have undergone extensive physical therapy program. CPMP for 80 hours was non-authorized on 11/15/11 and upheld on appeal on 12/09/11. CPMP for 40 hours was non-authorized on 01/23/12 and upheld on peer to peer on 01/26/12. Letter from Dr. on 01/27/12 does not contain any additional clinical objective documentation, and the appeal request denial is upheld.

#### **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 daily for 40 hours related to cervical and lumbar pain 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. 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. Given the current clinical data, the requested chronic pain management program x 40 hours is not indicated as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**