

SENT VIA EMAIL OR FAX ON
Feb/22/2012

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/22/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of Chronic Pain Management

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

PMR

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, 02/07/12

PPE dated 12/19/11, 09/02/11

History and physical dated 12/28/11, 09/02/11, 09/09/11

Handwritten progress note dated 08/08/11

Office visit note dated 08/18/11, 09/01/11, 07/12/11, 06/03/11

Physical therapy reevaluation dated 06/07/11

Physical therapy daily note dated 06/08/11

MRI lumbar spine dated 08/30/11

MRI cervical spine dated 08/30/11

Plan and goals of treatment dated 01/04/12, 09/02/11

Psychological assessment report dated 12/28/11

Initial behavioral medicine consultation dated 09/02/11

Assessment/evaluation dated 01/04/12, 09/28/11

Request for 80 hours of a chronic pain management program dated 01/23/12

Reconsideration request dated 10/05/11

Work hardening program preauthorization request dated 09/19/11

Patient report of work duties dated 09/13/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the causing the pressure to build up which pushed him backwards then forwards causing him to fall. Treatment to date includes diagnostic testing, physical therapy and medication management. Behavioral medicine consultation dated 09/02/11 indicates that BDI is 22 and BAI is 18. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. The patient then completed a work hardening program. PPE dated 12/19/11 indicates that required PDL is very heavy and current PDL is sedentary. Psychological assessment report dated 12/28/11 indicates that current medications include Flexeril and Etodolac. The patient answered to MMPI testing by claiming to be unrealistically virtuous. He also may have answered items in the latter part of the MMPI in an exaggerated manner, possibly invalidating that portion of the test. Diagnosis is pain disorder and major depressive disorder, single episode, moderate. Assessment dated 01/04/12 indicates that BDI is 43 and BAI is 36. Request for chronic pain management dated 01/23/12 indicates that the patient failed a 10 day trial of work hardening program and has completed 4 individual psychotherapy sessions.

Initial request for 80 hours of chronic pain management was non-certified on 01/26/12 noting that the patient has undergone extensive multidisciplinary care at the requesting facility for four months and during that time his psych measures have steadily deteriorated, his physical capacity has remained minimal and his medication intake has not changed. Further multidisciplinary management at the same facility cannot be supported. The patient has undergone a work hardening program and individual psychotherapy. There is no indication that the proposed CPMP will include any intervention that was not provided by the requesting facility previously. One of the stated purposes of the program is to wean the patient off narcotics; however, the patient is not currently taking any narcotic medications. The denial was upheld on appeal dated 02/07/12 noting that the patient has completed 80 hours of work hardening with minimal progress. ODG guidelines do not recommend reenrollment in or repetition of the same or similar rehabilitation program. The patient's BDI is exceedingly high, yet the patient has not been placed on any antidepressant medication.

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 of chronic pain management is not recommended as medically necessary, and the two previous denials are upheld. The patient has undergone extensive treatment to include a work hardening program with the requesting facility and has not made any significant progress. The patient's Beck scales continue to worsen and functional ability is unchanged. The patient's medication regimen has likewise not changed. The patient has been diagnosed with major depressive disorder; however, the patient is not currently taking any antidepressant medication. The patient is not taking any narcotic medications. Given the current clinical data, the requested chronic pain management 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