

SENT VIA EMAIL OR FAX ON
Mar/06/2012

Applied Resolutions LLC

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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:

80 hours of chronic pain management

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 01/30/12, 02/21/12

Appeal letter dated 02/20/12

Letter dated 01/23/12

30 day follow up to initial mental health evaluation dated 01/23/12

Individual treatment plan

Handwritten note dated 01/06/12

Individual counseling note dated 01/13/12, 01/06/12, 01/04/12, 12/28/11, 12/27/11, 12/22/11

Initial mental health evaluation dated 12/14/11

Office note dated 10/20/11, 09/06/11, 03/21/11, 06/07/10, 03/07/11, 10/03/11, 09/02/11, 11/15/11

Functional capacity evaluation dated 10/26/11, 02/22/12

EMG/NCV dated 06/10/11

MRI lumbar spine dated 05/14/11, 05/25/10

Neurological evaluation dated 05/21/10

Procedure report dated 07/16/10, 07/02/10, 06/11/10

Operative report dated 09/06/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting when he felt a sharp pain to the low back which radiated immediately down his right leg.

Treatment to date includes lumbar epidural steroid injection on 06/11/10, 07/02/10 and 07/16/10; decompression laminotomy L3-S1 and bilateral foraminotomies L3-4, L4-5 and L5-S1 on 09/06/11, physical therapy and individual psychotherapy. Initial mental health evaluation dated 12/14/11 indicates that BDI is 39 and BAI is 31. Diagnosis is pain disorder associated with both a psychological and a general medical condition. The patient subsequently completed 6 sessions of IPT. 30 day follow up to initial mental health evaluation dated 01/23/12 indicates that the patient is not taking any medications. BDI is 28 and BAI is 25. Functional capacity evaluation dated 02/22/12 indicates that required PDL is very heavy and current PDL is medium.

Initial request for 80 hours of chronic pain management was non-certified on 01/30/12 noting that the medical records do not establish the patient's and it appears the patient may not be taking medications. As per the guidelines, the patient must have a loss of ability to function independently resulting from the chronic pain. This does not seem to be the case for this patient as he is not taking a high dosage of medications. The patient is responding well to individual psychotherapy. The medical report dated 01/23/12 does not establish the clinical rationale and the medical necessity for an elaborate chronic pain management program. The patient should be continued on individual psychotherapy treatment that does not require a chronic pain management program. Appeal letter dated 02/20/12 indicates that current medications are Ultracet 1 tab q8 prn and Mobic 7.5 mg 1 tab bid. The denial was upheld on appeal dated 02/21/12 noting that the mental health evaluation is inadequate as an evaluation for admission to a chronic pain management program. There is no current history and physical by the medical director or a physician associated with the pain 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.

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 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 decompression laminotomy L3-S1 and bilateral foraminotomies L3-4, L4-5 and L5-S1 on 09/06/11; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. Given the current clinical data, the requested chronic pain management 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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES