SENT VIA EMAIL OR FAX ON
May/21/2012

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Additional outpatient chronic pain management program (CPMP) five (5) times per week for two (2) weeks for a total of eighty (80) hours related to the right upper extremity (RUE)

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:

[X] 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 04/16/12, 04/25/12
Request for 80 hours of a chronic pain management program dated 04/11/12
Functional capacity evaluation dated 04/09/12
Reconsideration dated 04/19/12
Individualized care plan dated 04/09/12
Reassessment for chronic pain management program continuation dated 04/10/12
PPE dated 03/09/12

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xx. On this date she pulled her right arm, injuring her right shoulder and right wrist. Treatment to date includes right shoulder surgery in December 2010, physical therapy and medication management. PPE dated 03/09/12 indicates that current PDL is light and required PDL is heavy. The patient subsequently completed 20 sessions of chronic pain management program. Reassessment dated 04/10/12 indicates that BAI decreased from 19 to 18 and BDI increased from 12 to 27. Pain level increased from 7 to 8. Irritability remained 7, frustration increased from 6 to 7, muscle tension remained 8, anxiety decreased from 8 to 6, depression increased from 1 to 4 and sleep problems decreased from 5 to 4. Functional capacity evaluation dated 04/09/12 indicates that current PDL is unchanged at light. Current medications are listed as Hydrocodone-acetaminophen.

Initial request for additional chronic pain management program 5 x week x 2 weeks was non-certified on 04/16/12 noting that progress report dated 04/11/12 documented reduction in anxiety, depression and sleep disturbance with sessions to date, but increase in frustration and depression. Claimant continued to report 8/10 intractable pain. The patient has made some progress with sessions to date, but some parameters have worsened over the course of treatment. Given the limited response to previous treatment, medical necessity is not established for continued treatment in excess of evidence-based recommendations. Reconsideration dated 04/19/12 states that her pain level remains the same at 8/10, but she has made improvement in her functional gains. The denial was upheld on appeal dated 04/25/12 noting that the claimant has reached the recommended number of hours, 160. The material provided shows the claimant has made some progress in certain areas, but is requesting others. The overall response to treatment has been limited.

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 additional outpatient chronic pain management program (CPMP) five (5) times per week for two (2) weeks for a total of eighty (80) hours related to the right upper extremity is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 160 hours of chronic pain management program to date. The Official Disability Guidelines note that treatment duration should generally not exceed 160 hours. The submitted records fail to document significant progress despite 160 hours of chronic pain management program. Reassessment dated 04/10/12 indicates that BAI decreased from 19 to 18 and BDI increased from 12 to 27. Pain level increased from 7 to 8. Irritability remained 7, frustration increased from 6 to 7, muscle tension remained 8, anxiety decreased from 8 to 6, depression increased from 1 to 4 and sleep problems decreased from 5 to 4. Functional capacity evaluation dated 04/09/12 indicates that current PDL is unchanged at light. Given the lack of significant progress in the program to date, the request for additional hours beyond that recommended by the Official Disability Guidelines 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 KNOWLEDGEBASE

[ ] 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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES