US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management 5x2 x80Hrs Lumbar 97799 CP CA x80Hrs

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Anesthesiology/Pain Management

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
Official Disability Guidelines
Utilization review determination dated 04/17/12, 04/30/12
Reconsideration letter dated 04/20/12
Preauthorization request dated 04/12/12
Behavioral health assessment dated 03/21/12
Office visit note dated 03/21/12, 04/18/11, 11/29/11
Follow up note dated 12/29/11, 03/08/12
Weekly progress reports dated 04/02/12-04/06/12, 04/09/12-04/13/12, 04/16/12-04/20/12, 04/23/12-04/27/12
Designated doctor evaluation dated 01/04/12
Behavioral medicine evaluation dated 09/15/11
Functional capacity evaluation dated 03/21/12
Treatment plan no date
MRI lumbar spine dated 02/21/11
Radiographic report dated 02/03/11, 08/01/11, 12/27/11
Case summary dated 04/10/12

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. On this date the patient landed awkwardly. Note dated 11/29/11 indicates that the patient has completed 4 individual psychotherapy sessions. Designated doctor evaluation dated 01/04/12 indicates that treatment to date includes x-rays, physical therapy, MRI of the lumbar spine, injection therapy and individual psychotherapy. The patient was refused narcotic medications in May 2011 due to a urine drug screen that was positive for cocaine. The patient was determined not to have reached MMI. Functional capacity evaluation dated 03/21/12 indicates that required PDL is heavy and current PDL is sedentary. Behavioral health assessment dated 03/21/12 indicates that the patient has completed a work hardening program. Diagnosis is pain disorder associated with both psychological factors and a medical condition; adjustment disorder with mixed anxiety and depressed mood. The patient completed a work hardening

program in April 2012. The most recent weekly progress report dated 04/23/12-04/27/12 indicates that the patient continues to rate pain as 9/10.

Initial request for chronic pain management program x 80 hours was non-certified on 04/17/12 noting that the patient underwent a work hardening program as well as individual counseling sessions, but the serial progress reports or integrative summary reports from the previously rendered sessions were not submitted for review to provide objective documentation of the patient's functional response to the program. Evidence of exhaustion of other therapeutic modalities was likewise not provided.
In addition, a recent urine toxicology screen to demonstrate adequate medication utilization and compliance as well as to determine any substance dependence was not provided. Given the patient's suboptimal response to prior work hardening program and individual psychotherapy, it is highly unlikely that the patient would be able to benefit from a chronic pain management program and would be able to achieve heavy physical demand level from a baseline of sedentary physical demand level. The denial was upheld on appeal dated 04/30/12 noting that the patient previously participated in a work hardening program, but documentation of this intervention was not submitted for review indicating the patient's efficacy of participation in this program. The clinical documentation indicates that the patient had prior urine toxicology screening in 05/2011, which indicated that the patient tested positive for cocaine. The clinical documentation submitted for review does not indicate that the patient has had a recent urine drug screen showing compliancy with his current medication regimen.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The patient underwent a recent work hardening program; however, the patient's objective, functional response to the program is not documented. The submitted progress reports do not document the patient's current physical demand level and do not contain any updated psychological testing results. There is no updated functional capacity evaluation submitted for review. The Official Disability Guidelines do not generally recommend reenrollment in or repetition of the same or similar rehabilitation program to include work hardening and note that chronic pain management programs should not be used as a stepping stone after less intensive programs. There is no clear rationale provided as to why the patient was unable to return to work upon completion of the work hardening program. The submitted records indicate that the patient's urine toxicology screen performed in May 2011 was positive for cocaine; however, there are no updated screens provided to establish compliance with current medication regimen. Based on the clinical information provided, the reviewer finds the request for Chronic Pain Management 5x2 x80Hrs Lumbar 97799 CP CA x80Hrs is not recommended as medically necessary, and the two previous denials are upheld.

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

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)