

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5 X wk X 2 wks for 80 hours

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

Anesthesiology/Pain Management

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Utilization review determination dated 08/28/12, 09/13/12
Office visit note dated 09/13/201?, 04/05/11, 11/02/10
Initial interview dated 08/09/12
Functional capacity evaluation dated 08/14/12
Request for reconsideration dated 09/04/12
Operative report dated 02/09/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient slipped on mildew and landed on his left shoulder. Treatment to date reportedly includes epidural steroid injections, exercise program, chiropractic care, anterior cervical decompression, discectomy and foraminotomy C5-6, C6-7 on 02/09/11. Initial interview dated 08/09/12 indicates that BDI is 53 and BAI is 55. FABQ-W is 42 and FABQ-PA is 22. Functional capacity evaluation dated 08/14/12 indicates that current PDL is less than sedentary to light and required PDL is medium.

Initial request for chronic pain management program x 80 hours was non-certified on 08/28/12 noting that the patient's date of injury is greater than 3 years old. The Official Disability Guidelines do not recommend chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence

that these programs provide return to work beyond this period. The patient's Beck scales are exceedingly high and indicate psychological issues so significant that they would hinder him from achieving benefit from a chronic pain management program. The denial was upheld on appeal dated 09/13/12 noting that according to Dr., the patient is not taking an anti-depressant or any psychotropic medication, only Tramadol for pain. Dr. was questioned regarding the benefit from CPMP given the history of injury and the patient's expressed doubt about returning to work, and insufficient rationale was presented to overturn previous non-authorization.

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

Based on the clinical information provided, the request for chronic pain management 5 x wk x 2 wks for 80 hours is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained injuries in xx/xxxx, over x years ago. The Official Disability Guidelines note that chronic pain management programs are not recommended for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The patient's Beck scales are exceedingly high so as to call into question the validity of the patient's subjective reports; however, there is no confirmation through validity testing that the patient's reported symptoms are accurate. The patient is not taking any psychotropic medications despite the significant depression and anxiety subjectively reported by the patient.

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

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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)