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Notice of Independent Review Decision

Date notice sent to all parties: 10/1/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of chronic pain management

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

Texas Licensed Psychologist.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Review includes:

1. Request for chronic pain management 8/28/12
2. 8/28/12 denial letter
3. 9/10/12 rebuttal letter/resubmission
4. 9/11/12 denial letter
5. 7/25/12 physical performance test.
6. 8/21/12 DO initial exam 8/21/12
7. 8/27/12 Pain management goals
8. 8/21/12 Psychological evaluation
9. 6/11/12 initial psychological consultation
10. MD evaluation 4/13/12

PATIENT CLINICAL HISTORY [SUMMARY]:

Ms. XXX was injured while trying to prevent a non-ambulatory resident from falling while performing her customary duties as an LVN. She was diagnosed with cauda equine syndrome and she underwent a Laminectomy. She had 24 sessions of physical therapy and a tertiary level of Work Hardening. She was unable to return to work and a psychological assessment was performed. She had a BDI-II score which suggested mild depression. Her BAI score revealed mild anxiety. Her Oswestry Disability Index found severe disability reported. Her FABQ score revealed non-significant fear avoidance of work and significant fear of physical activity. The patient continues to use prescription pain medications and she is now working in a modified duty at 4 hours per day for up to 2 days per week.

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

The ODG criteria for a multidisciplinary pain program were reviewed along side the claimant's records. Documentation of the interpretation of the MMPI-2 does not adequately address the psychological components outlined per ODG so they can be incorporated into an individualized treatment plan.

The provided records do list the ODG requirements but there is no documentation

present which addresses the claimant's motivation to change. In light of the records provided, the prior denial of request for a chronic pain management program is upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES