

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPMP 5x2-10 sessions or 80 hours

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

M.D., Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity does not exist for CPMP 5x2-10 sessions or 80 hours.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO 10/03/12
Utilization review determination 09/11/12
Utilization review determination 09/28/12
Evaluation 06/08/12
Designated doctor evaluation 06/27/12
Behavioral evaluation 08/29/12
Request for reconsideration 09/20/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a male who sustained work related injuries to his low back on xx/xx/xx. He developed low back pain, primarily on the left side. He reports radiating pain in the legs with the right being worse than the left. His employment requires a heavy physical demand level. Per evaluation dated 06/08/12 the claimant was incapable of performing his regular activity level.

On 06/27/12 the claimant was seen for a required medical examination. MRI dated 02/11/11 showed straightening of the lumbar lordosis, a 2.5mm bulge at the right posterolateral A3-4 or L3-4, posterior bulge in the left at L4-5, and diffuse bulge of 3.5mm. There is abutment of the left L5 nerve root with mild to moderate foraminal encroachment. The claimant underwent EMG on 02/25/11, which is reported to have shown acute left L4 and L5 root irritation. He underwent epidural steroid injections times two. He has undergone psychological evaluation. The claimant felt the claimant had a disc protrusion at L4-5 and lumbar radiculopathy in a note dated 12/20/11. The claimant underwent bilateral hemilaminectomies and decompression, medial facetectomies, and foraminotomies at L4-5. Post-operatively the claimant received physical therapy. His current medications were listed as cyclobenzaprine and Lotrel. He is six feet tall and weighs 255 pounds. He has a normal gait. He has complaints of pain when he

comes into the examining room. He is cooperative and wearing a lumbar support corset. He is able to sit without difficulty. He was able to get on the examination table without difficulty. He is able to walk on his heels and toes. He is noted to have a small incision at the L4-5 level midline from previous surgery, which is well healed. He has full range of motion in both flexion and extension but complains of pain if this is performed. Reflexes are 2+ and symmetric. Straight leg raise is negative bilaterally. Motor strength is graded as 5/5 and sensation is intact. found the claimant to be at maximum medical improvement and assessed a 5% whole person impairment program or impairment. On 08/29/12, the claimant was referred for a multidisciplinary chronic pain management program. According to the notes, he has been suffering from anxiety, depression, and muscular tension. He reports a high level of stress. Daily psychiatric evaluation finds the claimant to have a Beck depression inventory of 27 in the moderate to severe range and a Beck anxiety inventory of 36 in the severe range.

The initial review was performed on 09/11/12. non-certified the request noting that the claimant does not have a job to return back to. He notes the current recent functional evaluation with evidence of maximal valid effort was not provided. He notes that the claimant has moderate to severe levels of depression and anxiety. He notes that the claimant has completed 20 sessions of work hardening for a total of 160 hours in June and July of 2011. He notes that there's no indication of progress or objective functional improvements from the prior program. He notes that there is no indication as to whether the claimant ever returned to any type work duties or remained off work following the 20 visits of work hardening. He notes that the claimant had surgery in 09/11 and completed at least 16 visits of post-operative physical therapy. He notes post lumbar surgery typically most surgeons would not allow their patient's to lift up to 100 lbs. He notes the claimant has already completed a work hardening program for this injury. He further reported there is no evidence the claimant has reached a plateau from postoperative physical therapy. There is no evidence of attempts to return to the claimant to modified work duty or full duty.

The record includes a request for reconsideration dated 09/20/12. It is reported that the claimant has exhausted all lower levels of care and is pending no additional procedures. It is opined that the claimant meets criteria for multidisciplinary pain management program.

The appeal request was reviewed on 09/28/12. A telephone consultation was performed Honigsfeld notes there is no indication the patient has been treated with antidepressant for at least 90 days prior to current request.

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

This man sustained an injury to his low back, which ultimately resulted in decompression at L4-5 level. Postoperatively, he underwent a RME examination. report indicates the claimant has reached clinical maximum medical improvement and he was assessed with 5% whole person impairment. There was no evidence of radiculopathy on physical examination. In the past, the claimant has participated in both postoperative physical therapy and a work hardening program. The most recent psychological evaluation notes moderate to severe depression and severe anxiety. The record does not indicate the claimant has been referred for individual psychotherapy to reduce the claimant's depression and anxiety prior to considering chronic pain management program. It would further be noted it is unrealistic expectation that the claimant would be able to progress to very heavy physical demand level over period of 10 sessions. Based on the clinical documentation provided for review, the requests do not meet ODG guidelines as the claimant has not exhausted individual care. The reviewer finds medical necessity does not exist for CPMP 5x2-10 sessions or 80 hours.

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)