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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/19/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 days of interdisciplinary pain rehab program

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:
[X] 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 no medical necessity for 10 days of interdisciplinary pain rehab program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 08/14/12, 08/23/12
Appeal letter dated 08/29/12, 08/16/12
Referral form undated
Office visit note dated 04/27/12, 08/14/12, 06/19/12
Progress note dated 07/31/12, 01/11/12
Letter dated 06/13/12
EMG/NCV dated 06/13/12
Neurology note dated 06/13/12
Designated doctor evaluation dated 07/27/12
Excuse slip dated 07/30/12
PPE dated 05/22/12
Handwritten note dated 07/03/12, 06/26/12, 06/05/12, 05/28/12, 08/10/12, 08/14/12, 08/21/12, 07/24/12, 05/25/12, 05/22/12, 05/15/12, 05/08/12, 05/01/12
MRI lumbar spine dated 03/05/12
Request for services dated 08/07/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who was injured when he lifted a heavy xxxxxxx from the floor and felt pain in his low back. MRI of the lumbar spine dated 03/05/12 revealed grade I anterolisthesis of L5 over remaining of the lumbosacral spine; desiccation of the L5 disc with posterior broad based 4 mm disc protrusion with annulus tear with disc osteophyte extending into bilateral foramina; moderate facet hypertrophy; at L4-5 level there is facet hypertrophy with encroachment on the foramina bilaterally. PPE dated 05/22/12 indicates that the patient has undergone a few sessions of passive physical medicine targeting the lumbar spine consisting of interferential electrical stimulation and heat therapy. The patient lifted 20 lbs from floor to waist, 20 lbs from waist to shoulder and 30 lbs shoulder to overhead. Designated doctor evaluation dated 07/27/12 indicates that the extent of injury includes a lumbar strain. The MRI imaging findings are

considered ordinary disease of life, degenerative changes. The patient was determined to have reached MMI as of 04/26/12 with 5% whole person impairment. It is noted that the patient was released to return to regular duty on 04/26/12. Request for services dated 08/07/12 indicates that required PDL is medium and current PDL is light. BAI is 51 and BDI is 9. Current medications are Ibuprofen, Hydrocodone/APAP, cyclobenzaprine and Tramadol.

Initial request for 10 days of interdisciplinary pain rehab program was non-certified on 08/14/12 noting that there is no readily identifiable physical pathology that would explain the claimant's ongoing symptoms. It remains unclear why such an extensive interdisciplinary treatment program would be needed for an individual where reportedly there is no readily identifiable physical pathology related to the work injury. A peer review of records on 03/29/12 concludes that the grade 1 anterior spondylolisthesis, disc desiccation, osteophytes, facet hypertrophy and resultant bilateral foraminal narrowing are ordinary disease of life degenerative changes that are not a direct result or sequelae of the 01/10/12 injury. The patient's compensable diagnosis is a resolving acute myofascial strain of the paravertebral musculature of the lumbar region of the spine. There is no evidence provided to indicate that the treatment team has exhausted all appropriate treatments for this patient, a clinical indication for a chronic pain management program. The denial was upheld on appeal dated 08/23/12 noting that the submitted documentation summarizes treatment history, outcomes and current complaints/findings. There was no actual documentation of failure of conservative treatment. There was no documentation of prior diagnostic tests. There was no actual documentation of PPE and mental health assessment. There is no documentation that the patient is motivated to change and there was no documentation of a medication titration plan for a patient being maintained on several prescriptions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There is no comprehensive behavioral evaluation submitted for review. The request for services indicates that the patient's BDI is 51 which is exceedingly high and in the questionable range; however, there is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of his subjective complaints. The patient sustained a myofascial strain of the paravertebral musculature of the lumbar region of the spine, and this injury should have resolved within 6-8 weeks with or without treatment. The patient was determined to have reached maximum medical improvement as of 04/26/12 with 5% whole person impairment, and the patient was previously released to return to regular duty on 04/26/12. The reviewer finds no medical necessity for 10 days of interdisciplinary pain rehab program.

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)