

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Dec/18/2013

**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:**

Board Certified PM&R  
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.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Procedural note dated 09/03/13  
Rehabilitation note dated 11/19/12  
Rehabilitation note dated 01/23/13  
Clinical note dated 01/28/13  
Behavioral medicine evaluation dated 02/18/13  
Rehabilitation note dated 03/18/13  
Functional capacity evaluation dated 04/15/13  
Clinical note dated 04/19/13  
Clinical note dated 07/19/13  
Health and behavioral assessment dated 08/08/13  
Functional capacity evaluation dated 08/09/13  
Chronic pain management program evaluation dated 09/18/13

Chronic pain management program evaluation dated 10/01/13  
Psychological testing and assessment dated 10/01/13  
Clinical note dated 10/14/13  
Adverse determinations dated 10/18/13 & 11/12/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding his low back. The operative note dated 09/03/12 indicates the patient having undergone a spinal fusion at L2-3 and L3-4 along with a foraminotomy and laminectomy. The clinical note dated 01/28/13 indicates the patient demonstrating a decrease in his activity level. The note indicates the patient utilizing Hydrocodone and Celebrex for ongoing pain relief. Upon exam, the patient demonstrated range of motion deficits throughout the lumbar region. Tenderness was noted over the lumbar vertebrae particularly on the right. The behavioral medicine evaluation completed on 02/15/13 indicates the patient undergoing a battery of psychological exams. The patient scored a 1 on the BDI-2 and a 3 on the BAI exams indicating normal levels of depression and anxiety. The therapy note dated 03/18/13 indicates the patient having completed a course of postoperative physical therapy following the lumbar surgery. The clinical note dated 07/19/13 indicates the patient continuing with medication therapy to address the low back complaints. The patient was able to demonstrate 4/5 strength in the left lower extremity and 3/5 strength throughout the right lower extremity. Diminished reflexes were noted at both knees. Decreased range of motion continued throughout the lumbar region. The health and behavioral assessment dated 08/08/13 indicates the patient rating the low back pain as 4-8/10. The patient scored a 10 on the BDI-2 indicating minimal depression and a 15 on the BAI indicating minimal anxiety at that time. The functional capacity evaluation dated 08/09/13 indicates the patient able to demonstrate a sedentary to light physical demand level whereas his occupation requires a medium physical demand level. The chronic pain management program assessment dated 10/14/13 indicates the patient continuing with the use of Hydrocodone and Celebrex. The note mentions the patient having scored an 18 on an FABQ-PA test and a 36 on a FABQ-W exam indicating severe findings of fear avoidance. The patient was recommended for an inclusion into a chronic pain management program at that time.

The utilization review dated 10/18/13 resulted in a denial for a chronic pain management program as no information was submitted ruling out all other appropriate levels of care prior to inclusion into a chronic pain program.

The utilization review dated 11/12/13 resulted in a denial for a chronic pain management program as no information was submitted confirming the patient's completion of any psychotherapy as the patient was noted to have elevated depressive symptoms.

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

The documentation submitted for review elaborates the patient complaining of ongoing low back pain. Inclusion into a chronic pain management program would be indicated provided the patient meets specific criteria to include completion of all lower levels of care. The patient is noted to have completed a course of postoperative physical therapy following the surgical procedure in the lumbar region. However, the patient is noted to have an elevation in depressive findings as well as significant levels of fear avoidance. No information was submitted regarding the patient completing a full course of psychosocial therapy addressing these findings. Given this, a chronic pain management program would not be appropriate for this patient at this time. As such, it is the opinion of this reviewer that the request for 80 hours of a chronic pain management program is not recommended as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES