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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/1/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 X 2

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
Functional capacity evaluation dated 06/06/13
Behavioral evaluation dated 07/31/13
Request for reconsideration dated 08/15/13
Adverse determinations dated 08/09/13 & 09/12/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury when she injured both knees, the right ankle, and the low back on xx/xx/xx when she tripped on a door rail on the floor landing on her knees. The patient reported sharp shocking pain in the knees and lumbar spine. The functional capacity evaluation dated 06/06/13 indicates the patient having previously undergone Synvisc injections which did provide significant improvement. The note further mentions the patient having undergone an MRI on 04/11/13 of the lumbar spine which revealed degenerative conditions without evidence of aggravation. Severe bilateral neuroforaminal stenosis and mild spinal canal stenosis was noted at L5-S1. The patient was able to demonstrate a sedentary to light physical demand level whereas her occupation as a cafeteria worker requires a medium to heavy physical demand level. The patient was also noted to be aerobically deconditioned. Additionally, several exams indicated the patient offered an inconsistent effort. The behavioral evaluation dated 07/31/13 revealed the patient having undergone a battery of psychological exams. The patient scored a 24 on her BDI-2 indicating a moderate level of depression and a 17 on her BAI indicating moderate levels of

anxiety. The patient was recommended for 10 sessions of a behavioral multi-disciplinary chronic pain program at that time. The letter of reconsideration dated 08/15/13 indicates the patient would benefit from a multi-disciplinary program.

The utilization review dated 08/09/13 resulted in a denial for a chronic pain management program secondary to the patient showing a history of significant psychobehavioral issues identified in the records prior to the assessment on 07/31/13. Additionally, given the nature of the patient's injuries from xx/xx/xx, it appeared at that time that sufficient time and treatment had elapsed which would normally have resulted in a complete resolution of the patient's injuries.

The utilization review dated 09/12/13 resulted in a denial for a chronic pain management program as the patient's functional capacity evaluation revealed several inconsistencies as well as indications of a submaximal effort.

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 pain in the low back and ankles. A chronic pain management program would be indicated provided the patient meets specific criteria to include completion of a functional capacity evaluation indicating the likely benefit from inclusion into a chronic pain management program. The submitted functional capacity evaluation indicates the patient showed a consistent submaximal effort through several portions of the exam. Additionally, it is unclear if the patient has completed any previous therapeutic measures in regards to the elevated BDI-2 and BAI scores. Given the significant findings indicating a submaximal effort on the functional capacity evaluation, it does not appear the patient would benefit from a multi-disciplinary chronic pain program at this time. As such, it is the opinion of this reviewer that the request for a chronic pain management program 5 x a week x 2 weeks 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