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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: MARCH 26, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program – 80 hours initial trial – outpatient.

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

M.D., Board Certified in Occupational 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)

The requested chronic pain management program – 80 hours initial trial – outpatient is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 3/1/13.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) 3/5/13.
3. Notice of Case Assignment dated 3/5/13.
4. preauthorization requests dated 3/1/13 and 2/11/13.
5. requests for 80 hours of chronic pain management program dated 2/19/13 and 2/11/13 (with Physical Performance Evaluation dated 12/7/12).

6. notes dated 11/29/12,
7. Physical Performance Evaluation dated 12/7/12.
8. clinic notes dated 12/20/12.
9. Psychological testing and assessment report dated 2/6/13.
10. health and behavioral reassessment dated 11/9/12.
11. assessment/evaluation for chronic pain management program dated 1/28/13.
12. Denial documentation dated 2/25/13, 2/22/13, and 2/14/13.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient reportedly had a slip and fall accident on xxxxxxxx while working when he tripped and fell down a series of stairs. The patient was able to stand up and finish working that day. The next day the patient complained of low back pain. The provider reports the patient is status post bilateral L2-S1 laminectomies and has been treated with physical therapy. The patient has also participated in four sessions of individual psychotherapy and two hours of psychological testing. The provider has recommended chronic pain management program – 80 hours initial trial – outpatient.

The URA states that the patient requires a more intensive, interdisciplinary pain rehabilitation program in order to resolve active symptoms on a long-term basis, dismantle his disabled self perception, increase his functional tolerances, and propel this patient toward a safe return to work. Thus, the URA has denied the requested chronic pain management program – 80 hours initial trial – outpatient, as not medically necessary.

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

This patient's mechanism of injury was a slip and fall, but there is no reported structural damage to the back at the time of incident. Therefore, the patient sustained a lumbar sprain/strain at that time and should have recovered from this injury. The Official Disability Guidelines (ODG) does not include a pain management program for patients who experience a slip and fall type injury. Thus, the ODG does not support a chronic pain management program for this patient's lumbar sprain/strain.

Therefore, I have determined the requested chronic pain management program – 80 hours initial trial – outpatient, is not medically necessary for treatment of the patient's medical condition.

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

- ACOEM- AMERICAN 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 JUDGMENT, 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)