

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/29/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 10 additional sessions of chronic pain management (80 hours)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Family 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.** It is the opinion of the reviewer that the request for 10 additional sessions of chronic pain management (80 hours) is not recommended as medically necessary.

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

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 05/28/13, 06/07/13, 01/16/13  
EMG/NCV dated 11/19/12  
MRI lumbar spine dated 10/12/12  
Office note dated 12/13/12  
Letter of medical necessity dated 07/15/13  
Subsequent medical report dated 01/09/13, 07/12/13  
Initial medical report dated 09/05/12  
Preauthorization request dated 06/25/13  
Functional capacity evaluation dated 06/19/13, 03/22/13  
Progress summary dated 05/16/13  
Behavioral evaluation report dated 03/22/13  
Letter dated 07/09/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting when he slipped and felt a sharp pain in the back. Treatment to date includes MRI, EMG/NCV, physical therapy and medication management. Functional capacity evaluation dated 03/22/13 indicates that required PDL is heavy and current PDL is sedentary-light. Behavioral evaluation dated 03/22/13 indicates that BDI is 20 and BAI is 10. Diagnoses are major depression moderate; and pain disorder associated with both psychological factors and a general medical condition. The patient subsequently completed a chronic pain management program. Progress note dated 05/16/13 indicates that BDI decreased from 20 to 19 and BAI from 10 to 5. Pain level increased from 7 to 8/10. Functional capacity evaluation dated 06/19/13 indicates that current PDL is light.

Initial request for 10 additional sessions of chronic pain management program was non-certified on 05/28/13 noting that objective progression with the program was not documented. While the claimant was noted to have made gains in coping skills, socializing and participation in activities involving energy, the program evaluation did not document significant objective gains to warrant continuation in a chronic pain management program. The patient's BDI only went from 20 on 03/22/13 to 19 on 05/13/13, and BAI score went from 10 on 03/22 to 5 on 05/13/13. The claimant's pain score actually increased from 7/10 on 03/22/13 to 8/10 on 05/13/13. The denial was upheld on appeal dated 06/07/13 noting that after undergoing 80 hours of treatment his PDL has only increased to a light level. This would not be considered a significant improvement.

The medical records do not establish significant functional deficits to indicate the need for an interdisciplinary chronic pain management program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has completed 80 hours of chronic pain management program to date. The Official Disability Guidelines support ongoing chronic pain management program only with evidence of objective and subjective gains. The patient's PDL only increased from sedentary-light to light, as documented by functional capacity evaluation dated 06/19/13. The patient's Beck scales did not significantly improve, and the patient's reported pain level actually increased from 7/10 to 8/10. As such, it is the opinion of the reviewer that the request for 10 additional sessions of chronic pain management (80 hours) is not recommended as medically necessary.

**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)