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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/15/2013
IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Chronic Pain Management program 80 hours 5x/wk x2 wks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D. O. Board Certified Physical Medicine and Rehabilitation and 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 <u>each</u> health care service in dispute. It is the opinion of the reviewer that the request for Chronic Pain Management program 80 hours 5x/wk x2 wks is not recommended as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 12/21/12, 01/09/13
Initial interview dated 10/18/12
Functional capacity evaluation dated 12/18/12
Request for reconsideration dated 01/02/13
Peer review dated 12/27/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date the patient was walking down a flight of stairs when he misplaced his footing and fell. The patient reports he landed on his right shoulder and right ribcage. The patient has not been able to return to work since the date of injury. Initial interview dated 10/18/12 indicates that treatment to date includes x-rays, MRIs, physical therapy, chiropractic care, surgery, and medication management. Current medications are listed as hydrocodone/acetaminophen and Naproxen. BDI is 14 and BAI is 6. Diagnoses are listed as adjustment disorder with mixed anxiety and depressed mood, and pain disorder with both psychological factors and a general medical condition. Per functional capacity evaluation dated 12/18/12, all deep tendon reflexes are normal. Sensory testing in the bilateral upper and lower extremities was within normal limits. The patient's current physical demand level is classified at light, and his job requires him to be able to function at a medium heavy physical demand level. Peer review dated 12/27/12 indicates that the patient completed 12 sessions of chiropractic treatment which consisted of manipulation to the thoracic spine which was not a part of the compensable injury. He may have also manipulated the cervical spine, but again this was not part of the compensable injury. The claimant did not respond. The claimant underwent manipulation under anesthesia and lysis of adhesions on 03/27/12

followed by physical therapy and/or chiropractic treatment. Ongoing medical treatment is not reasonable and necessary. The patient is now nine months after surgery, and within reasonable medical probability, further improvement with chiropractic treatment, physical therapy, occupational therapy, chronic pain management program and work hardening is not realistically to be expected, given his lack of response to treatment in the past.

Initial request for chronic pain management program 80 hours was non-certified on 12/21/12 noting that the patient improved with 10 sessions of work conditioning. stated that they would take him off hydrocodone; however, there is no indication that the weaning process has been initiated. The patient is noted to be working full duty at this time and has been placed at MMI as of 07/18/12 with 8% whole person impairment. Reconsideration dated 01/02/13 indicates that the patient has exhausted all lower levels of care and is pending no additional procedures. The denial was upheld on appeal dated 01/09/13 noting that orthopedic peer review notes he is at a PDL of light, same as prior to work conditioning and additional rehabilitation is not likely to result in further improvement in function. He is taking hydrocodone with no frequency given, but there is no indication of substance misuse on SOAPP. Mental health evaluation reveals minimal to mild self-reported emotional distress. There are no formal personality test results although limited formal education may have precluded this. There was no assessment of fear avoidance beliefs or documentation of other psychological factors significantly interfering with recovery. Given the above a CPMP is not indicated. It appears he has reached a plateau in his recovery. No further physical improvement is anticipated based on the serial functional capacity evaluation data and peer review, and there are no significant psychological barriers.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx and has undergone treatment to include physical therapy, chiropractic treatment, surgical intervention and 10 sessions of work conditioning. The patient has failed to demonstrate significant and sustained gains with any treatment completed to date. The submitted mental health evaluation does not demonstrate any significant psychological indications. Per peer review dated 12/27/12, ongoing medical treatment is not reasonable and necessary. The patient is now nine months after surgery, and within reasonable medical probability, further improvement with chiropractic treatment, physical therapy, occupational therapy, chronic pain management program and work hardening is not realistically to be expected, given his lack of response to treatment in the past. It appears that the patient is working full duty and has been determined to have reached maximum medical improvement by a designated doctor. As such, it is the opinion of the reviewer that the request for Chronic Pain Management program 80 hours 5x/wk x2 wks 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
[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)