

Clear Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/04/2012

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: D.O. 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. It is the opinion of the reviewer that the requested 80 hours of chronic pain management is not indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 11/09/12, 12/11/12

Office visit dated 06/21/12, 08/03/12, 04/26/12, 05/02/12

Letter dated 12/19/12

Request for reconsideration dated 11/30/12

Individual psychotherapy note dated 12/11/12, 12/04/12

Functional capacity evaluation dated 06/05/12, 11/07/12

MRI lumbar spine dated 06/04/12

Preauthorization request dated 11/05/12

Behavioral evaluation report dated 10/25/12

Letter dated 12/14/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date the patient was digging a hole for columns to be placed in and his pain progressively got worse. Functional capacity evaluation dated 06/05/12 indicates that required PDL is heavy and current PDL is sedentary-light. Note dated 08/03/12 indicates that the patient reports physical therapy is done, but he is still in a lot of pain. Behavioral evaluation report dated 10/25/12 indicates that BDI is 19 and BAI is 28. Diagnoses are adjustment reaction, and pain disorder associated with both psychological factors and a general medical condition. Functional capacity evaluation dated 11/07/12 indicates that current PDL is light-medium.

Initial request for 80 hours of chronic pain management was non-certified on 11/09/12 noting

that it would be necessary for the patient to exhaust all standard outpatient therapy before proceeding with the requested program. The patient has not had a course of standard, outpatient psychotherapy treatment which could help the patient develop self-coping skills and thus manage his psych symptoms better. The patient is not currently reliant on pain medications to manage the chronic pain. He is taking NSAIDs, antidepressants and a muscle relaxant. There is no indication of opioid use. There is no indication that he was seen for a surgical evaluation to determine whether there are any surgical options that may help with his pain. The patient subsequently completed a course of individual psychotherapy. The denial was upheld on appeal dated 12/11/12 noting that there were no additional documents since the 11/09 UR determination to indicate individual psychotherapy or surgical evaluation has been completed. In addition, the patient's functional capacity evaluation is over 6 months old and no updated functional assessment was submitted.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The patient has undergone a course of physical therapy and individual psychotherapy; however, the number of sessions completed and the patient's objective, functional response to treatment are not documented. Given the current clinical data, it is the opinion of the reviewer that the requested 80 hours of chronic pain management is not indicated 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)