

# True Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jan/02/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

80 hours of Chronic Pain Management Program

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

Anesthesiology/Pain Management

**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  
Utilization review determination dated 11/30/12, 11/16/12, 09/30/10  
Request for reconsideration dated 11/27/12  
Request for 80 hours of a chronic pain management program  
PPE dated 11/05/12  
Follow up note dated 11/06/12, 10/09/12  
Chronic pain management plan and goals of treatment  
Psychological testing and assessment report dated 11/12/12  
Initial behavioral medicine consultation dated 01/05/12  
Assessment/evaluation dated 10/24/12  
Peer review dated 11/22/11  
Operative report dated 11/17/10  
Radiographic report dated 11/17/10

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male. On this date a 2 x 4 fell from the second floor, impacting the patient on the left shoulder. Treatment to date includes medication management, physical therapy, diagnostic testing, epidural steroid injections and lumbar microdiscectomy, laminectomy, foraminotomy and partial facetectomy at L5-S1 on the right on 11/17/10. Initial behavioral medicine consultation dated 01/05/12 indicates that BDI was 42 and BAI was 19. Diagnoses are listed as pain disorder associated with both psychological factors and a general medical condition, chronic; and major depressive disorder, single episode, severe without psychotic features. Assessment/evaluation dated 10/24/12 indicates that FABQ-W is 42 and FABQ-PA is 21. BDI is 38 and BAI is 23. Medications are listed as Soma, Novolog mix, Lisinopril-hydrochlorothiazide, hydrocodone-acetaminophen, Amlodipine and Carvedilol. Diagnoses are unchanged. Psychological testing and assessment report dated 11/12/12 indicates that the patient participated in individual psychotherapy. MMPI protocol was invalid and uninterpretable due to inconsistent responding. PPE dated 11/05/12 indicates that required PDL is very heavy and current PDL is medium.

Initial request for 80 hours of chronic pain management program was non-certified on 11/16/12 noting that a comprehensive physical examination was not noted in the latest medical report from the requesting provider. Likewise, it was mentioned in the records that the patient has type II diabetes, hypertension and acid reflux, but it was not specified if these conditions are currently under control. The referenced guidelines indicate that other treatable pathologies must be objectively ruled out and non-work related pathologies must be adequately addressed prior to the initiation of the program. The patient is noted to be a long time smoker (more than 15 years). The referenced guidelines identify smoking as a negative predictor of success. A plan to address this during the program was not specified. Response to individual psychotherapy was not documented to validate that lower levels of psychiatric care have already been maximized. Reconsideration request dated 11/27/12 indicates that his diabetes, hypertension and acid reflux are controlled through medications prescribed by his primary care physician. The patient reports an increase in tobacco use since the injury, and they do offer a smoking cessation program and plan to help him quit smoking. The patient has completed 4 individual psychotherapy sessions. The denial was upheld on appeal dated 11/30/12 noting that there was still no documentation that the patient has been given a pharmacotherapeutic regimen that addressed his clinical depression prior to the requested service, given a high BDI score and a diagnosis of major depression on the most recent psychological evaluation dated 11/12/12.

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

Based on the clinical information provided, the request for 80 hours chronic pain management program is not recommended as medically necessary, and the two previous denials are upheld. The patient's date of injury is over 3 years old. The Official Disability Guidelines generally do not recommend chronic pain management programs for patients who have been continuously disabled greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The patient presents with a diagnosis of major depression; however, there is no indication that the patient has been placed on antidepressant medication. The patient's MMPI profile is invalid and uninterpretable due to inconsistent responding which calls into question the validity of the patient's subjective complaints. Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES