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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 80 hours

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

PM&R and 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Office notes dated 07/12/11, 08/23/11, and 09/27/11
Clinical evaluation dated 09/27/11
Approval letter dated 10/12/11
Toxicology report dated 12/20/11
History and physical dated 12/20/11
Initial behavioral medicine consultation dated 12/21/11
Initial rehab evaluation dated 12/26/11
Clinical evaluation dated 01/12/12
Individual psychotherapy notes dated 01/18/12, 01/25/12, 02/01/12, 02/07/12, 04/02/12, 04/11/12, 04/24/12, and 05/01/12
Clinical note dated 01/25/12
Operative report dated 02/20/12

Rehabilitation progress note dated 03/22/12, 03/26/12, 03/28/12, 03/30/12, 04/03/12, 04/11/12, 04/13/12, 05/18/12, and 05/22/12
Biofeedback training notes dated 04/03/12, 04/13/12, and 05/02/12
Postoperative rehab re-evaluation notes dated 03/14/12, 04/25/12, and 06/06/12
EMG study dated 04/25/12
Worker's comp consultation dated 05/15/12
Evaluation for work hardening program dated 06/27/12
Work hardening program notes dated 07/11/12, 07/19/12, 07/23/12, 07/24/12 and 07/26/12
Interdisciplinary group therapy note dated 07/11/12, 07/18/12, and 07/27/12
Individual patient coordination for work hardening dated 07/11/12
Initial behavioral medicine evaluation dated 08/14/12
Clinical note Dr. XXXX, MD dated 04/25/12, 05/22/12, 06/20/12, 07/25/12, 08/16/12, 10/17/12, and 11/14/12
Pain management progress note dated 08/14/12, 09/11/12, and 10/10/12
Report of maximum medical improvement/impairment dated 10/02/12
Referral for pain management dated 10/17/12
MRI lumbar spine, undated
Psychological evaluation dated 11/09/12, 11/14/12
Evaluation for chronic pain management dated 11/28/12
Chronic pain management plan & goals of treatment dated 11/28/12
Functional capacity evaluation dated 06/07/12, 12/03/12
Orthopedic peer reviews dated 02/29/11 and 12/05/12
Pre-authorization request for chronic pain management dated 12/10/12
Record review report dated 12/14/12
Reconsideration request for chronic pain management dated 12/21/12
Utilization review determinations dated 12/13/12 and 12/31/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female. On this date the patient slipped on a wet floor causing her right leg to go backwards. Initial behavioral medicine consultation indicates that BDI is 37 and BAI is 52. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Peer review dated 02/29/12 indicates that the most medically probable work-compensable diagnosis is right knee soft tissue strain and right lateral ankle sprain (Grade I). The patient has reached MMI with regard to the right ankle and right knee. Treatment to date includes individual psychotherapy, right knee arthroscopy with partial lateral meniscectomy on 02/20/12, physical therapy, biofeedback and medication management. Functional capacity evaluation dated 06/07/12 indicates that required PDL is medium and current PDL is sedentary. The patient subsequently completed a work hardening program. Initial behavioral medicine consultation dated 08/14/12 indicates that diagnoses are pain disorder associated with both psychological factors and a general medical condition, mood disorder due to a medical condition, and insomnia due to a medical condition. Report of MMI/IR dated 10/02/12 indicates that clinical impression is right knee internal derangement status post arthroscopy; anxiety and depression. The patient was determined not to have reached MMI. Psychological testing and assessment report dated 11/09/12 indicates that medications are Tramadol, Ibuprofen and Vicodin. BDI is 38 and BAI is 43. MMPI protocol is valid. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; and major depressive disorder, single episode, severe without psychotic features. Assessment dated 11/28/12 indicates that pain is rated as 6/10. Functional capacity evaluation dated 12/03/12 indicates that required PDL is medium and current PDL is light. Peer review dated 12/05/12 indicates that diagnoses are right knee soft tissue strain and right lateral ankle sprain. The need for future treatment does not appear to be warranted at this time.

Initial request for chronic pain management program 80 hours was non-certified on 12/13/12 noting that the patient previously completed a work hardening program. Current evidence based guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The patient presents with significant psychological problems with ongoing suicidal ideation that needs to be treated. It does not appear that the patient's

psychological status is stable at this point. Reconsideration dated 12/21/12 indicates that the patient reports fleeting suicidal ideations from time to time, but she has no plan or intention of going through with them. She is noted to be taking Zoloft 100 mg for her mood. The denial was upheld on appeal dated 12/31/12 noting that the patient completed a work hardening program without significant improvement. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. It is unclear why the patient was unable to improve significantly with the program and why the patient has not returned to work. ODG notes that chronic pain management programs should not be used as a stepping stone after less intensive programs. Orthopedic peer review dated 12/05/12 indicates that the most medically probable work-compensable diagnosis is nonspecific right knee soft tissue strain and right lateral ankle sprain. There is absolutely no evidence that the claimant sustained an acute injury to the low back. The lateral meniscus tear was medically probably pre-existing and/or degenerative and unrelated to the medial knee symptoms documented. There is no need for future treatment.

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 chronic pain management program 80 hours is not recommended as medically necessary, and the two previous denials are upheld. The submitted records indicate that the patient previously completed a work hardening program without documentation of significant progress in the program. This is a negative predictor of success, and it is unclear how a subsequent multidisciplinary program would benefit the patient further. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program and state that these programs should not be considered a stepping stone after less intensive programs. Per peer review performed on 12/05/12, diagnoses are right knee soft tissue strain and right lateral ankle sprain. The need for future treatment does not appear to be warranted at this time.

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 KNOWLEDGBASE

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)