

# P-IRO Inc.

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0878  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

May/29/2013

### IRO CASE #:

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

Chronic Pain Management Program

### 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

Utilization review determination dated 04/17/13, 05/06/13

Office visit note dated 01/03/13, 04/04/13, 02/04/13

Orthopedic comprehensive evaluation dated 01/21/13, 12/03/12

Chronic pain management program treatment goals and objectives dated 04/11/13

Response to denial letter dated 04/18/13

Treatment progress report dated 04/11/13

Prescription: comprehensive pain management evaluation/treatment request dated 04/09/13

Functional capacity evaluation dated 04/09/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped and fell on a wet floor. Per note dated 12/03/12, the patient did have a designated doctor examination performed on 10/18/12 which did determine that the patient was at maximum medical improvement on 08/29/11 with a 6% impairment rating. Functional capacity evaluation dated 04/09/13 indicates that required PDL is medium and current PDL is sedentary. Treatment progress report dated 04/11/13 indicates diagnoses are pain disorder associated with both psychological factors and a general medical condition; and major depressive disorder, recurrent. Treatment to date is noted to include lumbar MRI, EMG/NCV, x-rays, physical therapy, individual psychotherapy x 12 and medication management. The patient attended a contested case hearing on 03/26/13 and it was ruled that her injury did not extend to and include disc herniations at L4-5 and L5-S1 and lumbar nerve root irritation at

L5. Therefore, she will not be receiving further invasive treatment to her lumbar spine. Current medications are listed as hydrocodone, naproxen, Neurontin, citalopram and clonazepam. BAI increased from 17 to 25 and BDI increased from 17 to 24. MMPI-2 profile is valid.

Initial request for chronic pain management program was non-certified on 04/17/13 noting that the claimant underwent a designated doctor exam in October 2012 that found the claimant was at maximum medical improvement as of 08/29/11. A recent contested case hearing found that the "claimant failed to prove that, based upon a reasonable medical probability, further material recovery from or lasting improvement to the compensable injury could reasonably anticipated subsequent to the 08/29/11 certification of MMI by the designated doctor. As is evidenced by the treatment rendered this claimant subsequent to the MMI date, there has been no improvement". The claimant underwent 12 sessions of individual psychotherapy with no evidence of improvement. It is clear that this claimant has achieved maximum medical improvement and is unlikely to benefit from any additional treatment, including chronic pain management. Response to denial letter dated 04/18/13 indicates that the patient continues during current evaluation to show maladaptive pain related to affective, behavioral and functional limitations. The denial was upheld on appeal dated 05/06/13 noting that there is evidence of subjective complaints which do not correlate with the physical findings. There is a trend of lack of functional improvement with both functional and behavioral interventions. There are no other clinical indicators which suggest that this program will successfully lead to her reintegration into the workplace.

**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 the submitted records fail to document that the patient has benefited significantly with any treatment completed to date. The patient was determined to have reached maximum medical improvement as of 08/29/11 by a designated doctor. The patient attended a contested case hearing on 03/26/13 and it was ruled that her injury did not extend to and include disc herniations at L4-5 and L5-S1 and lumbar nerve root irritation at L5. As noted by previous reviewer, there is a lack of functional improvement with both functional and behavioral interventions. As such, it is the opinion of the reviewer that the request for chronic pain management program is not recommended 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**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**