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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 additional hours of CPMP for the lumbar spine, left shoulder, left hip, left upper leg, and left knee over 2 weeks

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

Anesthesiology and 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 04/24/13

Acknowledge of receipt of request for reconsideration dated 05/07/13

Utilization review determination dated 05/09/13

Preauthorization request continuation of chronic pain management program dated 04/19/13

Preauthorization request for reconsideration of continuation of chronic pain management program dated 05/06/13

Patient face sheet

Physical performance evaluation dated 04/12/13

Reassessment for chronic pain management program continuation dated 04/16/13

Physical performance evaluation dated 10/31/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. The records indicate the claimant slipped and fell down steps sustaining injuries to the lumbar spine, left shoulder, left hip, left upper leg, and left knee. The claimant is noted to be status post left knee surgery for meniscal repair performed 09/30/11. Following the surgery, the claimant received physical therapy, 10-20 sessions of work conditioning, 20 sessions of work hardening, and 4 sessions of individual psychotherapy. The claimant also participated in 80 hours of a chronic pain management program. A request was submitted on 04/19/13 for continuation of chronic pain management program for 80 additional hours.

A utilization review determination dated 04/24/13 found that 80 additional hours of chronic pain management program for multiple body parts over 2 weeks was not indicated as medically necessary noting that the claimant already completed 10 prior sessions of chronic pain management program as well as extensive lower levels of treatment including psychological intervention and work hardening program. The patient is noted to have had poor response to the initial 10 sessions of chronic pain management program. The report dated 04/19/13 with summary pre and post chronic pain management data indicated worsening pain, irritability, frustration, muscle tension, nervousness, depression, sleep disorder, forgetfulness, and BDI 2. Additionally, worsening was noted with fear avoidance beliefs regarding work and physical activity. Physical capabilities were either equivocal or minimally improved. As such, the request does not meet evidence based guidelines.

A reconsideration request for 80 additional hours of chronic pain management program was non-certified as medically necessary per review dated 05/09/13 noting that treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. It was noted that some objective improvement was noted; however, records reflect a significant worsening of virtually all subjective reporting by the claimant. As such, the request for 80 additional hours of chronic pain management program over 2 weeks is not supported with the application of Official Disability Guidelines.

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

The claimant is noted to have sustained injuries on xx/xx/xx when he slipped and fell down steps. The claimant has received extensive treatment for these injuries including surgical intervention, physical therapy, work conditioning, work hardening, individual psychotherapy, and chronic pain management program (cpmp) x 80 hours. Evaluation dated 04/19/13 reflects worsening in all categories of subjective reporting, including increase in BDI 2 score from 8 to 28. There was minimal, if any, progress in physical performance levels. There is no evidence of significant reduction in medications. Based on the clinical data provided, it is the opinion of this reviewer that the claimant has not demonstrated sufficient improvement in response to initial chronic pain management program x 80 hours, and medical necessity is not established for the request for 80 additional hours of chronic pain management program for the lumbar spine, left shoulder, left hip, left upper leg, and left knee over 2 weeks.

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