

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 05/07/13

IRO CASE #:

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

Texas-licensed D.C.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Unlisted physical medicine/rehabilitation service or procedure.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld** (Agree)
- Overtured** (Disagree)
- Partially Overtured** (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.2	97799		Prosp	10			Xx/xx/xx	197A22517	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 03/26, 04/08 and 04/10/13, including criteria used in the denial.
3. Preauthorization request 03/21/13.
4. Reconsideration request 04/05/13.
5. PPE 05/18/13.
6. Interdisciplinary plan and goals of treatment, and assessment/evaluation for pain management program 03/18/13.
7. Initial behavioral medicine consultation 03/15/13.
8. Psychological testing and assessment report 03/11/13.
9. H&P 02/28/13.

PATIENT CLINICAL HISTORY (SUMMARY):

Records provided indicate the patient was injured on the job on xx/xx/xx. She describes her injury occurring as she was pulling from under the shelf. As she was carrying an object, her hand slipped and she lost her grip, making her fall over while twisting and landing on the concrete floor. She has been evaluated and treated for multiple injured areas.

She completed a physical therapy program, and has had a PPE and psychological testing. She has had eight (8) sessions of psychotherapy and four (4) sessions of biofeedback therapy. In addition, she has completed ten (10) days of a work hardening program with minimal progress. Her PPE dated 03/18/12, placed her in sedentary/light job classification. Her occupation as a cutter requires her to be able to perform at a medium job classification. She is currently working with restrictions, but has been given different job duties. Her goal is to be transferred to her original job position as a cutter. Request for chronic pain management program was denied. Reconsideration request was also denied. Rebuttal of this denial was made by treating doctor.

She has physical limitations and psychological symptoms, including, but not limited to anxiety, depression, fear avoidance beliefs, and high scores on Beck depression inventory and Oswestry disability index. She has exhausted all lower levels of care, and ten (10) days of work hardening. No additional procedures are pending. She currently relies on antidepressant medication, Sertraline, and non-narcotic pain medication, Tramadol. Her most recent psychological testing and assessment report dated 03/11/13, indicates a chronic pain management program is recommended.

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

The work hardening program she has participated in allowed her to return to work full, restricted duty. Her most recent PPE classified her as sedentary/light and her occupation requires medium. However, her lifting capabilities reveal she is able to lift twenty (20) pounds, which is classified as medium category. In addition, the job description listed on the PPE indicates no activity she is currently not capable of performing, based on the results of the PPE.

If she was to participate in a pain management program, she would be required to take off work for at least ten (10) days, which would be counterproductive to her recovery. Since she has undergone physical therapy and a work hardening program, it is safe to say she has been properly instructed in an aggressive home exercise program (HEP). Her continued working with restrictions, her aggressive home exercise program, and her doctor titrating her medication as recommended by ODG's should provide her with the best overall chance of recovery. She has had eight (8) individual psychotherapy sessions and four (4) biofeedback sessions during which I am confident she was taught self-help techniques to be used at home.

The records do not provide sufficient documentation, clinical justification or medical necessity for her to participate in a multi-disciplinary chronic pain management program as requested. She has not met the criteria of admission to this program.

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

- ACOEM-American 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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)