

# True Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

May/1/2013

**IRO CASE #:**

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

Chronic Pain Management Program 5 X 2 total of 10 visits

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 01/25/13, 03/05/13

Functional capacity evaluation dated 12/07/12

Follow up note dated 01/16/13

History and physical for chronic pain management program dated 11/21/12

Chronic pain management plan and goals of treatment dated 12/18/12

Psychological testing and assessment report dated 01/08/13

Initial behavioral medicine consultation dated 06/14/12

Assessment/evaluation for chronic pain management program dated 12/20/12

Preauthorization request dated 01/16/13

Reconsideration dated 02/01/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was walking up a flight of stairs when some people came running up from behind her and she was shoved against the wall while at the same time her knee became twisted. Treatment to date includes physical therapy, x-rays, MRI of the knee, knee surgery on 05/08/12 and medication management. Initial behavioral medicine consultation dated 06/14/12 indicates BDI is 36 and BAI is 19. Diagnoses are pain disorder associated with both psychological factors and a general medical condition; and major depressive disorder, recurrent, severe without psychotic features. Note dated 11/21/12 indicates that she has been placed at MMI and received a 4% impairment rating. Functional capacity evaluation dated 12/07/12 indicates that required PDL is sedentary and current PDL is light. Assessment dated 12/20/12 indicates that BDI is 33 and BAI is 22. Psychological testing and assessment report dated 01/08/13 indicates that the patient completed 6 sessions of individual psychotherapy. Medications are listed as Aleve

and Tramadol. MMPI protocol is valid. BDI is 30 and BAI is 15.

Initial request for chronic pain management program x 10 visits was non-certified on 01/25/13 noting that on physical examination the patient has full range of motion of the right knee with no objective functional deficits noted. The patient has a history of severe depression and a diagnosis of bipolar disorder. The patient presents with a strong psychological overlay that may be impeding upon her progress with return to work efforts. As the patient presents with PDL above what is required of her for return to work efforts and a strong psychological overlay with no evidence of the patient's participation in recent recommended individual psychotherapy, the current request is not supported at this time. Additionally, the patient has been under the treatment of a psychiatrist for her pain complaints, it is unclear what psychotropic medications the patient has been recommended to utilize for her severe presence of depression and anxiety. Reconsideration dated 02/01/13 indicates that psychological did not reveal symptoms associated with a mania which is common with bipolar disorder. Testing did reveal symptoms of depression. She is not taking any medication for her mood. Although the patient surpassed her required PDL, she is still unable to walk for more than 8 minutes and she is unable to mow her yard, plant/prune, drive for more than 15-20 minutes and she needs help to get in/out of the bathtub. The denial was upheld on appeal dated 03/05/13 noting that given the claimant has a history of sedentary work and is functioning above a sedentary level, the request for a chronic pain management program does not appear evident at this time, and non-certification is recommended.

**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 has undergone treatment to include physical therapy, individual psychotherapy and surgical intervention. Per submitted functional capacity evaluation, the patient's required PDL is sedentary, and the patient is currently functioning above a sedentary level at the light PDL. The patient is not currently taking any psychotropic medications or opioid medications. As such, it is the opinion of the reviewer that the request for chronic pain management program 5 x 2 total of 10 visits is not recommended as medically necessary.

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

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

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**