

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient chronic pain management program (CPMP) for the lumbar spine eight (8) hours per day for five (5) days/week over two (2) weeks for a total of eighty (80) hours

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

Board Certified PM&R

Board Certified 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

Clinical notes initial behavioral medicine evaluation 02/05/13

Clinical notes 06/15/13-08/02/13

Psychological testing and assessment 07/16/13

Previous utilization reviews 07/30/13 and 08/08/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her low back. Behavioral medicine evaluation dated 02/05/13 detailed the patient undergoing battery of psychological evaluations. The patient scored a 16 on BDI-2 indicating mild depression; a 9 on BAI indicating minimal anxiety 42 on FABQ-W indicating severe avoidance of work and 24 on FABQ-PA indicating significant avoidance of physical activity. Clinical note dated 06/15/13 detailed the patient stating that the initial injury occurred when she experienced a sudden acute pain in her right calf which immediately radiated up the right lower extremity into the back. The patient rated the pain as 8/10. The patient was underwent physical therapy with no significant benefit. MRIs of the cervical spine, thoracic spine, and lumbar spine were done. Broad based disc bulge was noted at C5-6. Annular tear was noted at L2-3. The patient complained of stiffness. Physical performance evaluation dated 06/19/13 detailed the patient performing at a light medium physical demand level. Clinical note dated 07/16/13 detailed the patient being recommended for work hardening program. Clinical note dated

07/24/13 detailed the patient completing 10 days of work hardening program. Clinical note dated 08/02/13 detailed the patient currently at a light physical demand level. The patient rated her pain as 6/10. The patient complained of additional sleep disturbance. Previous utilization review dated 07/30/13 for inclusion into a chronic pain management program resulted in a denial as no information was submitted regarding incompleteness of a work hardening program. Additionally, response to the previous work hardening program was not documented. Previous utilization review dated 08/08/13 resulted in denial for chronic pain management program as no information was submitted of response to work hardening program. Additionally, the patient was noted to have minimal psychological findings therefore not establishing the need for a comprehensive multidisciplinary program.

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

Clinical documentation submitted for review notes the patient complaining of ongoing low back pain. Additionally, the patient demonstrated at a light sedentary physical demand level. Inclusion into a chronic pain management program would be indicated provided that the patient meets specific criteria, including the need for chronic multidisciplinary approach to functional deficits. The patient had essentially minimal psychological component involving her complaints of pain. Additionally it is unclear if the patient has a job to return to. Furthermore, the patient previously underwent work hardening program. However, no information was submitted regarding significant clinical improvement following the initial segment of the work hardening program. Given this the request is not indicated. As such, the clinical documentation provided for review does not support this request at this time.

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