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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/13/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 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
Utilization review determination dated 08/08/13, 08/26/13
Functional capacity evaluation dated 07/24/13, 06/12/13
Follow up note dated 08/03/13
Chronic pain management plan and goals of treatment dated 08/01/13
Psychological testing and assessment report dated 11/08/12
Initial behavioral medicine consultation dated 10/22/12
Evaluation for chronic pain management program dated 08/01/13
Reconsideration request dated 08/19/13
Preauthorization request dated 08/05/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient felt a sharp burning sensation in his back that radiated down to his hips. Psychological testing and assessment report dated 11/08/12 indicates that the patient completed 7 of 10 physical therapy sessions. BDI is 13 and BAI is 24. FABQ-W is 36 and FABQ-PA is 24. MMPI protocol is valid. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, acute; and major depressive disorder, single episode, moderate. Functional capacity evaluation dated 07/24/13 indicates that medications include Naproxen and Tramadol. The patient has completed 7 days in a work hardening program. Pain level is 8/10. Current PDL is light and required PDL is medium. Evaluation dated 08/01/13 indicates

that FABQ-W is 42 and FABQ-PA is 24. BDI is 17 and BAI is 14. Pain level is 8/10. Follow up note dated 08/03/13 indicates the patient completed work hardening with a very mild improvement.

Initial request for chronic pain management program x 80 hours was non-certified noting that the patient is post soft tissue injury and extent of injury is in dispute. Employee has already completed work hardening x 10 sessions and functional capacity evaluation results indicate he has met his work required PDL level. Reconsideration dated 08/19/13 indicates that PPE indicates that current PDL is light and required PDL is medium. The denial was upheld on appeal dated 08/26/13 noting that since the claimant has already met his required work PDL, the requested program is not necessary and the claimant should be capable of returning to work duties as recommended by the evidence based guidelines. The evidence based guideline does not support the repetition of the same or similar program for the same date of injury. The negative predictors have not been addressed. Documentation that the claimant is willing to change has not been provided. There is no evidence of attempts to return this claimant to modified work duties or full duty work status prior to the current request, since a prior functional capacity evaluation indicated the claimant was capable of work required PDL levels.

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

The patient recently completed 10 sessions of a work hardening program. The submitted records document only very mild improvement. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. Given the lack of significant progress in work hardening, it is unlikely that a subsequent multidisciplinary return to work program will provide significant benefit. The submitted functional capacity evaluation indicates that the patient is capable of returning to work at his required physical demand level. The patient is not currently taking any opioid or psychotropic medications. As such, it is the opinion of the reviewer that the request for chronic pain management program x 80 hours 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