

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Aug/26/2013

**IRO CASE #:**

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

Chronic Pain Management X 80 hours

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

Board Certified Anesthesiologist  
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  
Report of medical evaluation dated 11/10/11  
Behavioral medicine consultation dated 05/09/12  
Clinical notes dated 05/10/13 – 07/02/13  
Functional capacity evaluation dated 06/11/13  
Previous utilization reviews dated 07/08/13 & 08/01/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury from xx/xx/xx resulting in low back pain. The RME dated 11/10/11 details the patient complaining of occasional low back pain with radiating pain to the right calf. Previous MRI studies of the lumbar spine dated 09/25/11 according to the RME revealed no significant abnormalities at T12 through L4. However, L4-5 was noted to have disc desiccation and a central disc protrusion. A mild annular disc bulge was also noted at L5-S1. The behavioral medicine consultation dated 05/09/12 details the patient being recommended for a multi-disciplinary program from a psychological perspective. No contraindications were noted. The clinical note dated 05/10/13 details the patient having previously undergone a battery of psychological exams which revealed a 39 on his FABQ-W, a 22 on the FABQ-PA, a 15 on the BDI-2 and a 4 on his BAI exam. The clinical note dated 06/11/13 details the patient complaining of a burning sensation in the low back which was noted to travel into the right lower extremity. The patient also had complaints of numbness in the right lower extremity. The patient rated the pain as 6/10 at that time. The

physical performance evaluation also dated 06/11/13 details the patient able to demonstrate a sedentary physical demand level whereas his occupation requires a medium physical demand level. The clinical note dated 06/22/13 details the patient being recommended for a surgical intervention in the lumbar region. The chronic pain management program requested on 07/02/13 details the patient continuing to be recommended for a surgical intervention in the lumbar region. The note does detail the patient utilizing Gabapentin and Ibuprofen for ongoing pain relief.

The previous utilization review dated 07/08/13 resulted in a denial for a chronic pain management program as the patient is noted to be a potential surgical candidate.

The previous utilization review dated 08/01/13 resulted in a denial for an 80 chronic pain management program as the patient was noted to have been recommended for a surgical intervention by 2 separate surgeons. Additionally, the patient was no longer noted to have an occupational opportunity as his job position was no longer available.

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

The documentation submitted for review elaborates the patient complaining of ongoing low back pain. The documentation further details the patient having been recommended for a surgical intervention in the lumbar region by 2 separate surgeons. The inclusion into a chronic pain management program would be indicated provided the patient meets specific criteria to include the patient's injuries are not indicative of a surgical procedure. Given that the patient is noted to have been recommended for a surgery in the lumbar region, this request does not meet guideline recommendations. As such, it is the opinion of the reviewer that the request for a chronic pain management program for 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**