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An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Family Medicine

Description of the service or services in dispute:

Chronic Pain Management Program 80 hours (10 sessions)

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)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. Treatment to date includes closed reduction of pelvis fracture, screw fixation, anterior pelvic external fixator, and reconstruction of UCL of the right elbow and right flexor pronator mass on 02/01/11, removal of hardware on 04/15/11, lumbar laminectomy on 07/18/14, physical therapy and medication management. Functional capacity evaluation dated 09/11/14 indicates that current PDL is sedentary and required PDL is heavy. Behavioral evaluation report dated 10/24/14 indicates that BDI is 22 and BAI is 9. GAF score is 65. Diagnoses are major depression moderate, and pain disorder associated with both psychological factors and a general medical condition.

Initial request for chronic pain management program 80 hours (10 sessions) was non-certified on 11/04/14 noting that there is no clarification that the patient has exhausted all reasonable outpatient treatments. According to report dated 09/08/14, the patient is being referred for additional physical therapy following lumbar surgery. There is no indication that the patient has plateaued in terms of benefit with outpatient physical therapy. There is no evidence that the patient has exhausted attempts at outpatient psychotherapy and psychotropic medications. Request for reconsideration dated 11/07/14 indicates that he has undergone medication management with antidepressant medication in the form of Cymbalta. The denial was upheld on appeal dated 11/14/14 noting that there was a lack of documentation to support medical necessity of a chronic pain management program. There was no documentation showing that the patient had improve with physical therapy followed by a plateau to indicate the need for a chronic pain management program. It was not stated in the clinical documentation that the patient is not a candidate for further surgery or that there are no other therapies that could address the patient's symptoms.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries in xx/xxxx. The Official Disability Guidelines generally do not support chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. Additionally, the patient has been diagnosed with major depression; however, there is no indication that the patient has received lower levels of psychological treatment including individual psychotherapy. As such, it is the opinion of the reviewer that the request for chronic pain management program 80 hours (10 sessions) is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)