

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 80 hours (8 hours X 10 days)

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
Therapy notes 11/01/12
Therapy notes 11/08/12
Therapy notes 11/26/12
Therapy notes 12/20/12
Therapy notes 02/06/13
Therapy notes 03/06/13
Therapy notes 04/15/13
Therapy notes 05/13/13
Therapy notes 06/10/13
Therapy notes 07/22/13
Therapy notes 08/12/13
Therapy notes 08/13/13
Therapy notes 10/18/13
Therapy notes 10/21/13
Initial consultation 01/25/11
Clinical note 09/19/11
Clinical note 10/10/11
Clinical note 09/28/11
Clinical note 11/11/11
Clinical note 10/10/11

Clinical note 11/11/11
Clinical note 12/12/11
Clinical note 01/09/12
Procedure note 03/29/12
RME 04/03/12
Clinical note 04/06/12
Clinical note 04/30/12
Clinical note 05/05/12
Procedure note 05/31/12
Clinical note 06/29/12
Clinical note 07/27/12
Clinical note 08/20/12
Clinical note 09/24/12
Functional capacity evaluation 10/09/12
Physical therapy evaluation 10/19/12
Clinical note 10/22/12
Clinical note 11/26/12
Psychological screening 12/13/12
Clinical note 12/17/12
Clinical note 01/21/13
MRI lumbar spine 04/10/13
Clinical note 04/15/13
Clinical note 05/13/13
Clinical note 06/10/13
Clinical note 07/10/13
Clinical note 07/22/13
Procedure report 08/01/13
Clinical note 08/19/13
Clinical note 10/14/13
Physical therapy evaluation 10/18/13
Physical performance evaluation 10/21/13
Therapy note clinical note 10/25/13
Behavioral health assessment 10/31/13
Treatment summary note 11/06/13
Clinical note 11/11/13
Treatment summary 11/20/13
Adverse determinations 11/06/13 and 11/12/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his low back when he bent over to sit. The patient stated that as he bent over he felt a pop in the back with immediate pain. Clinical note dated 01/25/13 indicated the patient previously undergoing conservative treatment including physical therapy and interventional management. Epidural steroid injections provided no significant benefit. Weakness was noted throughout the back and lower extremities along with numbness and tingling in the feet. The patient utilized morphine for pain relief. Upon exam decreased range of motion was noted throughout the lumbar spine rated as 30%. The patient had positive straight leg raise on the right at 60 degrees and on the left at 80 degrees. Procedure note dated 03/29/12 indicated the patient undergoing medial branch blocks at L4-5 and L5-S1. Required medical evaluation dated 04/03/13 indicated the patient rating his low back pain as 4-8/10. Upon exam the patient was able to bend over slowly pick up objects off the floor without difficulty. The patient was recommended for no surgery or spinal cord stimulator at this time. The procedure note dated 05/31/12 indicated the patient undergoing medial branch blocks radiofrequency ablations at L4-5 and L5-S1. Clinical note dated 10/22/12 indicated the patient continuing with low back pain periodically radiating into the right lower extremity all the way to the foot. Upon exam tenderness to palpation was noted throughout the lumbar spine. Therapy evaluation MRI of the lumbar spine dated 04/10/13 revealed a grade 1 anterolisthesis of L4 on L5. Disc dehydration was further noted at L4-5. 2mm retrolisthesis of L3 was noted on L4. Procedure note dated 08/01/13 indicated the patient undergoing a radiofrequency ablation at L4-5 and

L5-S1. Physical performance evaluation on 10/21/13 indicated the patient able to perform at medium physical demand level. Therapy note dated 10/21/13 indicated the patient completing 14 physical therapy sessions to date. Treatment summary dated 10/25/13 indicated the patient utilizing oxycontin for ongoing pain relief. Previous rhizotomies resulted in very minimal benefit. The patient currently worked very light duty. Behavioral health assessment dated 10/31/13 indicated the patient undergoing battery of psychological evaluations. The patient rated his pain as 3-5/10. The patient completed six sessions of individual psychological therapy from June to July of 2013. BAI was 10 indicating mild anxiety symptoms. BDI-2 was 19 indicating mild depressive symptoms. FABQ scores were 22 and 42 indicating high degrees of fear avoidance. Clinical note dated 11/06/13 indicated the patient being recommended for multidisciplinary program. Clinical note dated 11/20/13 indicated the patient continuing to work. Previous utilization review dated 11/06/13 resulted in a denial for chronic pain management program as the patient was able to perform at a medium physical demand level and no red flags were noted on the behavioral assessment. Utilization review dated 11/12/13 resulted in denial for chronic pain management program as the patient was able to perform at his chosen occupational physical demand level.

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 low back pain. Inclusion into a chronic pain management program for a total of 80 hours over 10 days would be indicated provided that the patient meets specific criteria, including a significant deficit of the patient's current physical demand level in comparison to his occupational physical demand level. According to the recent physical performance evaluation the patient was able to perform a medium physical demand level. The patient is noted to have two occupational physical demand levels. Both occupations report their physical demand levels as light. Additionally, the patient underwent a battery of psychological tests indicating no significant depressive or anxiety depression or anxiety. Given these findings and taking into account the lack of a mismatch of a physical demand level in regards to his chosen occupation this request is not indicated. As such, it is the opinion of this reviewer that the request for chronic pain management program for 80 hours (eight hours times 10 days) 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