

# True Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Dec/31/2013

### IRO CASE #:

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

80 hours of pain management

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

PM&R

Pain Medicine

### REVIEW OUTCOME:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his cervical region when his foot slipped. In attempting to keep himself from falling, the patient stated that he pulled himself hard and hit his head resulting in a pop and immediate pain in the neck. The patient stated that the following night he was unable to sleep well. The following day, the patient reported intense levels of head and neck pain which prevented him from driving. A subsequent MRI of the cervical region completed revealed a straightening of the expected lordotic curvature. A 1mm disc bulge was noted at C3-4 and a 1mm disc protrusion was noted at C5-6. A 2mm disc protrusion was noted at C6-7. The note does mention the patient having previously undergone 24 physical therapy sessions as well as 1 epidural steroid injection in the cervical region. These treatments provided only short term relief. The patient reported the pain as 4-8/10. The note does mention the patient having difficulty with insomnia and sleep maintenance. The patient stated that he was able to sleep approximately 4 hours each night. The clinical note dated 09/06/13 indicates the patient being a current every day smoker at 2 packs per day. The note mentions the patient utilizing Gabapentin and Cymbalta. The chronic pain management evaluation dated 10/02/13 indicates the patient having scored a 42 on his FABQ-W and a 6 on his FABQ-PA. The patient further scored a 4 on his BDI-2 and an 8 on the BAI exam. The patient was recommended for a chronic pain management program at that time. The clinical note dated 10/23/13 indicates the patient undergoing an initial evaluation for a chronic pain management program. The patient was able to demonstrate 20 degrees of left cervical rotation and 40 degrees of right rotation. The patient was further able to demonstrate 10 degrees of extension. The note mentions the patient utilizing Oxycodone for ongoing pain relief as well. The clinical note dated 10/31/13 indicates the patient stating that the cervical pain was occasionally affecting his activities of daily living. The patient described the cervical pain as a burning, dull, and numbing sensation. The note mentions the patient having completed 40 physical therapy visits to date. The patient was also noted to have completed 4 sessions of individual therapy counseling. The patient was noted to continue with range of motion deficits throughout the cervical region. The patient is noted to be able to demonstrate a light physical demand level whereas his occupation requires a medium physical demand level. The clinical note dated 11/05/13 mentions the patient continuing with cervical region pain. The patient is noted to have an extensive list of pharmacological interventions to address the ongoing complaints.

The utilization review dated 11/11/13 resulted in a denial as no documentation was submitted regarding the patient's provider currently ruling out all other appropriate levels of care for the chronic pain program. Additionally, it is unclear if the patient's diabetes history had been addressed.

The utilization review dated 12/03/13 resulted in a denial as no evidence of the patient's basic medication reduction program was noted.

**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 cervical region pain with associated range of motion deficits. Inclusion into a chronic pain management program would be indicated provided the patient meets specific criteria to include all lower levels of care being fully exhausted and there is a mismatch in the patient's physical demand level. The patient is noted to currently be utilizing an extensive list of pharmacological interventions. No information was submitted regarding a reduction in the patient's use of pain medications. There is also mention in the clinical notes indicating the patient have a higher than normal level of fear avoidance. It is unclear if these issues have been addressed during the patient's involvement with psychosocial counseling. Additionally, the patient is noted to have a significant past medical history involving diabetes. It is unclear at this time if the patient is continuing with this care as no information was submitted confirming the patient's treatment for this. As such, it is the opinion of this reviewer that inclusion into a chronic pain management program for 80 hours is not indicated 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 & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)