

# True Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jul/02/2014

**IRO CASE #:**

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

Chronic Pain Management Program X 80 hours/units (for lumbar injury)

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

Board Certified PM&R

**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 reviews dated 06/04/14, 06/16/14

Preauthorization request dated 05/30/14

Reconsideration request dated 06/12/14

PPE dated 05/20/14, 04/15/14

Reassessment dated 05/29/14

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. He fell onto his backside. Treatment to date includes lumbar epidural steroid injections, work hardening and lumbar spine surgery in October 2012. PPE dated 04/15/14 indicates that the patient's required PDL is heavy and current PDL is medium. He subsequently completed 10 days of chronic pain management program. PPE dated 05/20/14 indicates that the patient's PDL remains medium. Reassessment dated 05/29/14 indicates that FABQ-W increased from 34 to 40 and FABQ-PA from 11 to 19. BAI increased from 23 to 30 and BDI decreased from 26 to 25. Pain level decreased from 5 to 4/10. Medications are listed as hydrocodone-acetaminophen, Gabapentin, naproxen and tizanidine.

Initial request for chronic pain management program x 80 hours was non-certified on 06/04/14 noting that it would not appear that there has been a significant improvement in functional capabilities after 10 sessions of treatment in a comprehensive pain management program to support this specific request to be one of medical necessity. Reconsideration

dated 06/12/14 indicates that he had a reduction in pain, irritability, frustration, muscle tension, nervousness, depression and sleep. The denial was upheld on appeal dated 06/16/14 noting that the ODG states that treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) A physical performance evaluation obtained on 04/15/14 revealed that there was an ability to lift approximately 40 pounds. Given the lack of significant functional improvement and the clinical documentation submitted for review, medical necessity of the appeal request for outpatient chronic pain management program x 80 hours/units has not been established. Recommend non-certification.

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

The patient has completed an initial trial of 80 hours of chronic pain management program. The Official Disability Guidelines note that treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The submitted records fail to document significant benefit after the initial trial of the program. The patient's physical demand level remained medium. Reassessment dated 05/29/14 indicates that FABQ-W increased from 34 to 40 and FABQ-PA from 11 to 19. BAI increased from 23 to 30 and BDI decreased from 26 to 25. Given the lack of significant progress in the program to date, efficacy of treatment is not established and further sessions are not supported. As such, it is the opinion of the reviewer that the request for chronic pain management program x 80 hours/units (for lumbar injury) 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**