

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/15/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: chronic pain management program x 10 sessions/80 units

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation and 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. It is the opinion of the reviewer that the request for chronic pain management program x 10 sessions/80 units is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization reviews dated 06/13/14, 06/19/14
Request for 10 sessions of CPMP dated 06/04/14
Functional capacity evaluation dated 06/05/14
Musculoskeletal evaluation dated 05/14/14, 04/14/14, 03/11/14, 07/29/13
Request for reconsideration dated 06/18/14
Progress summary dated 06/17/14
Progress note dated 06/02/14, 03/28/14, 04/25/14

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. On this date she slipped and fell. Functional capacity evaluation dated 06/05/14 indicates that the patient is currently working. Interview dated 06/04/14 indicates that treatment to date includes x-rays, MRIs, physical therapy, TENS unit, chiropractic and medication management. Current medications are hydrocodone and ibuprofen. BDI is 23 and BAI is 36. Diagnoses are chronic pain disorder associated with both psychological factors and a general medical condition, adjustment disorder with mixed anxiety/depressed mood, and sleep disorder. Progress summary dated 06/17/14 indicates that the patient completed 12 physical therapy visits. BDI is 22 and BAI is 17. She was prescribed Xanax for her anxiety.

Initial request for chronic pain management program x 10 sessions was non-certified on 06/13/14 noting that the patient sustained a minimal knee injury. As the claim has progressed, there have been expansion of complaints to previously uninvolved body areas. The patient was placed at MMI with 0% impairment rating by a designated doctor on

09/06/13. She has returned to work and is working at her regular job duty which is a light PDL. She has not been taking prescription medications until 10 days ago when she was prescribed Vicodin and Xanax. There has not been quality psychometrics performed such as MMPI to rule out issues of malingering and secondary gain. Request for reconsideration dated 06/18/14 indicates that the patient has a chronic pain syndrome. The denial was upheld on appeal dated 06/19/14 noting that she has been removed from her opioid base of hydrocodone which she now uses only on a prn basis. It is not entirely clear what if anything the patient is recovering from.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained minimal injuries on xx/xx/xx. The patient has returned to work and is noted to be working regular duties. The patient was previously determined to have reached maximum medical improvement by a designated doctor as of 09/06/13 with 0% whole person impairment. There is no indication that the patient has undergone psychometric testing with validity measures. As such, it is the opinion of the reviewer that the request for chronic pain management program x 10 sessions/80 units 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 & 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)