MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 6-25-2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the retrospective medical necessity of 80 hours of chronic pain management.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in physical medicine and rehab.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of 80 hours of chronic pain management.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:

PATIENT CLINICAL HISTORY [SUMMARY]:

The records that were presented to me for review begin on April 5, 2013. This worker was injured on xx/xx/xx. The worker reportedly was injured while walking. The extent of his injuries is not described in available medical records. Apparently, x-rays were

taken and he was released by his company doctor to return to work in a light duty capacity soon after the injury. He has been seen by a number of physicians. It is unclear exactly what treatment has been received. In one communication, there is a mention of “four surgical procedures.” In other areas, there is mention of off-work status, physical therapy, massage, four steroid injections, oral medication, and work hardening. It is unclear exactly how many therapy sessions he received, when the therapy was received, and what the results of the treatment were.

The records presented to me began on April 5, 2013 when the injured worker was taken to surgery for anterior tarsal tunnel release and decompression of the left deep peroneal nerve. Following the surgery, he received a brace, shoe inserts, an ankle rehabilitation kit, and a Medrol Dosepak. He was apparently released for postoperative physical therapy on June 3, 2013, but it is unclear as to whether or not he actually received the therapy.

On September 9, 2013, the injured worker had a Behavioral Health Evaluation upon referral. The evaluation was requested because of chronic pain symptoms and indicators with related adaptive functioning deficits. The conclusion from the Behavioral Health Evaluation was that the injured worker should be referred for a comprehensive chronic pain management program. A functional capacity evaluation performed on September 9, 2013 demonstrated that the injured worker gave a valid profile and was functioning at a light to medium PDL while his work required a heavy PDL.

Notes from the Utilization Review performed in late April, 2014 indicate that the injured worker was ambulating at that point with a Neoprene brace and crutch. The reviewer’s note stated that the worker had had 20 postoperative physical therapy visits with little improvement in ankle range of motion. Twenty-four therapy sessions were actually prescribed, but four sessions were not attended because of hospitalization for treatment of diabetes. The reviewer mentions that the worker had had a Behavioral Medicine Evaluation on April 25, 2014. Apparently, in that evaluation, the injured worker described his pain level as being 10/10. His Beck Depression Inventory Score was 19/63 and his Anxiety Inventory was 10/63. His GAF was 59.

There is a mention that had seen and evaluated the worker on January 6, 2014. At that time, recorded that the patient was ambulating with a crutch and a walking boot. Range of motion of the left ankle was 10° of dorsiflexion and plantar flexion and 5° of eversion and inversion. Ankle strength was reported to be 3+ to 4-/5. Continued physical therapy was recommended. There are no notes indicating any recent or current evaluations or treatment for this injured worker and his current status is unclear.

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

According to available medical records, this worker was injured on xx/xx/xx. The exact injuries are not described in the available medical records. He apparently did sustain an

injury to the left deep peroneal nerve and underwent what was described as an “anterior tarsal tunnel release” in April, 2013. He received supports for his foot and ankle and has been ambulatory with a crutch, according to the records which are available for review. He received physical therapy, apparently 20 sessions although again, this cannot be confirmed with the records available for review. Apparently, he made little progress in that therapy and was demonstrating limited range of motion of the left ankle and weakness in the supporting structures when he was evaluated by his treating physician in January, 2014.

Apparently, the chronic pain management program requested in September, 2013 was denied because the injured worker had not received postoperative physical therapy. The two denials of a chronic pain management program in April and May of this year were reportedly based on the fact that the injured worker was still walking with a crutch despite physical therapy and this would limit his full participation in a rigorous physical reconditioning program. The reviewer also stated that the injured worker had limited vocational goals and that referral to DARS does not require a multidisciplinary rehabilitation program.

At this point, the necessity for a chronic pain management program cannot be determined on the basis of available information. There is no current physical evaluation. The latest comments regarding the patient’s physical status were in
January, more than five months ago. The most recent Behavioral Medicine Evaluation was not available for review. I did have an opportunity to look at the Behavioral Medicine Evaluation from September, 2013 and this did indicate that there were elevated scores in the anxiety and depression inventory.

There is a mention by one of the more recent reviewers that the injured worker continues to complain of pain at a level of 10/10 but the characteristics, ameliorating factors, exacerbating factors, and how the current pain is being managed are not described in the records presented for review. There is a mention of 20 postoperative physical therapy sessions, but when this therapy was received, what therapy was provided, and the results of that therapy are not

described in the medical record presented for review. There is no current description of the patient’s mental status, willingness to change, or motivation to return to work. There are also no clearly identified assessments of negative predictive factors which might affect the success of a pain management program.

VI. Reference:

ODG Treatment Guidelines

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN 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)