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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/04/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 80 hours/units Left Knee/Lumbar

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

Board Certified Family Practice

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. He injured his left leg and low back. Functional capacity evaluation dated 02/11/13 indicates that required PDL is heavy and current PDL is sedentary. History and physical dated 01/08/14 indicates that treatment to date includes 4 back injections, physical therapy and counseling. The patient is not working. His pain has not improved. Medications are listed as Cymbalta, Etodolac, Gabapentin, hydrocodone-acetaminophen and lisinopril. Health and behavioral reassessment dated 01/15/14 indicates that FABQ-PA is 24 and FABQ-W is 42. BDI is 38 and BAI is 14. Psychological testing report dated 01/29/14 indicates that MMPI produced an invalid and uninterpretable protocol due to fixed responding. Diagnoses are listed as major depressive disorder and somatic symptom disorder with predominant pain. PPE dated 03/06/14 indicates that current PDL is sedentary. The patient was authorized for 80 hours of chronic pain management program. Pain level remains 9/10. BDI remains 38. FABQ-W remains 42. BAI remains 14. The patient's PDL remains sedentary.

Initial request for chronic pain management program 80 hours/units left knee/lumbar was non-certified on 03/20/14 noting that the patient made very little progress with the previous 10 day trial in the chronic pain management program. The documentation submitted for review does not indicate that the patient is motivated to change or is willing to change the medication regimen as recommended by the guidelines. Reconsideration dated 04/03/14 indicates that

the patient made gains in improving his coping skills. He reports less fear avoidance of physical activity. The denial was upheld on appeal dated 05/16/14 noting that the records failed to provide objective evidence that participation in a chronic pain management program substantially benefits the patient. His PDL remained the same and there were no significant improvements in his psychological scores.

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

The patient has completed 10 sessions of a chronic pain management program with very little documented improvement. 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. After completion of 10 days of chronic pain management program, the submitted records indicate that pain level remains 9/10. BDI remains 38. FABQ-W remains 42. BAI remains 14. The patient's PDL remains sedentary. Given the lack of significant documented progress in the program to date, additional sessions are not supported as medically necessary. As such, it is the opinion of the reviewer that the request for Chronic pain management program 80 hours/units left knee/lumbar 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