

# Applied Resolutions LLC

An Independent Review Organization  
900 N. Walnut Creek Suite 100 PMB 290  
Mansfield, TX 76063  
Phone: (817) 405-3524  
Fax: (512) 233-2886  
Email: admin@appliedresolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Mar/12/2014

**IRO CASE #:**

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

80 hours chronic pain management

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

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:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is listed as xx/xx/xx. The patient reports that he stepped into a hole and fell, injuring his left ankle, left shoulder and back. Treatment to date includes a work hardening program and individual psychotherapy. Request for services dated 11/18/13 indicates that patient has been compliant and demonstrated minimal progress. Pain is rated as 6/10. BDI has decreased from 10 to 0 and BAI from 18 to 3. PPE dated 01/14/14 indicates that the patient complains of constant pain in his neck and left shoulder. Current PDL is light-medium and required PDL is heavy.

Initial request for 80 hours of chronic pain management was non-certified on 01/23/14 noting that the functional capacity evaluation before work hardening documented the exact same capability as functional capacity evaluation on 01/14/14 (light-medium). The patient's only medication is over the counter ibuprofen. Multidisciplinary rehabilitation is not considered a stepping stone for lower levels of care and there is lack of information regarding attendance, compliance and progress with work hardening. The requesting provider does not have records regarding how many hours/days/sessions completed; nor is there information as to when these sessions were completed. There are no training records available. From the physical standpoint there is no change after work hardening with the exact same physical capability level of light-medium over the course of 6 months. This again begs the question of attendance, compliance and motivation. There is no objective evidence of current

psychosocial stressors with psychometric testing actually noting no depression and no anxiety and no psychiatric or opioid medication. Request for reconsideration dated 01/28/14 indicates that the patient completed 10 sessions of work hardening. The functional capacity evaluation was actually performed on 07/07/13 which was subsequent to completion of the work hardening program. The patient is taking ibuprofen, metaxolone and Baclofen. The denial was upheld on appeal dated 02/05/14 noting that the patient has not improved with the treatment between July 2013 through January 2014. Lack of documentation of compliance and attendance of care is in question.

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

The patient sustained injuries on xx/xx/xx and subsequently completed a work hardening program. The submitted records indicate that the patient has been compliant with treatment, but has demonstrated minimal progress. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program and note that chronic pain management programs should not be used as a stepping stone upon completion of less intensive programs. The patient is not currently taking any psychotropic or opioid medications. The patient does not appear to present with any significant psychosocial issues which would require a multidisciplinary program. As such, it is the opinion of the reviewer that the request 80 hours chronic pain management 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**