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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program x 80 hours

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 female whose date of injury is xx/xx/xx. The patient reported an injury to her cervical spine, left and right shoulder and upper arm. Treatment to date includes x-rays, EMG/NCV, physical therapy, individual psychotherapy and medication management. PPE dated 11/05/13 indicates that current PDL is sedentary and required PDL is medium. PPE dated 01/16/14 indicates that the patient recently completed 160 hours of chronic pain management program. Current PDL is listed as light. Re-evaluation for chronic pain management program dated 01/20/14 indicates that FABQ-W increased from 36 to 42 and FABQ-PA decreased from 12 to 4. BDI decreased from 20 to 5 and BAI from 17 to 2. Medications are listed as Naproxen, calcium, Tramadol and Tylenol. Pain level decreased from 6/10 to 2/10.

Initial request for chronic pain management program x 80 hours was non-certified on 01/24/14 noting that there is no clear documentation on the need for an extension of this pain program beyond 160 hours. The patient did make significant gains in her function and she can return to work in a position higher than when she was injured in xxxx. She is no longer taking opioid medications. She still has elevated fear avoidance behaviors that were not improved despite 160 hours of this pain program. Her functional capacity evaluation confirmed only frequent lift testing procedures which placed her in the heavy physical demand capacity. Reconsideration dated 01/30/14 indicates that the goal of continuing the program is to help her maintenance of gains she has made, ensure she follows through on

getting a job and returning to work, and help her titrate medication under doctor's supervision. The denial was upheld on appeal dated 02/14/14 noting that the patient still has elevated FABQ-W scores despite CPMP. There is no significant pain, depression or anxiety to warrant continuation of this tertiary program. Per ODG, the outcomes for the necessity of use should be clearly identified if a program is planned for a patient that has been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The patient was injured in xxxx and is currently working on restricted capacity. The patient has achieved return to work goal while improvements in lifting of work restrictions were not evident. It is unclear if the previous position is still available for the patient.

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

The patient has completed 160 hours of a chronic pain management program. The Official Disability Guidelines note that total treatment duration should generally not exceed 160 hours of the program, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient no longer presents with significant depression, anxiety or pain. The documented goals of helping her maintenance of gains she has made, ensuring she follows through on getting a job and returning to work, and helping her titrate medication under doctor's supervision can be performed at a less intensive level of care. As such, it is the opinion of the reviewer that the request for chronic pain management program x 80 hours 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