

P-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of CPMP

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. Functional capacity evaluation dated 07/11/14 indicates that current PDL is sedentary and required PDL is heavy. Behavioral evaluation report dated 07/11/14 indicates that PAIRS score is 80. BDI is 20 and BAI is 20. GAF is 65. Treatment to date is noted to include x-rays, functional capacity evaluation, MRI, rest, physical therapy, massage, TENS unit and 1 steroid injection to the right shoulder. Diagnoses are major depression moderate, and pain disorder associated with both psychological factors and a general medical condition. Current medications are listed as Norco and Elavil.

Initial request for 80 hours of CPMP was non-certified on 08/04/14 noting that there has been no objective psychological testing such as MMPI-2 or MBMD to validate his psychological symptoms and given the previous RME, malingering and secondary gain issues cannot be ruled out. He has had no lower level psychological or behavioral care for this injury. Request for reconsideration dated 08/20/14 indicates that the patient requires the medical services that are only available in a CPMP in order to address the psychological component of his injury, achieve clinical MMI and return to gainful employment. The denial was upheld on appeal dated 09/04/14 noting that functional capacity evaluation is consistent with submaximal effort. The likelihood of this claimant doing well or returning to work in any capacity post chronic pain management program is almost negligible.

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

The patient sustained injuries. The Official Disability Guidelines generally do not recommend chronic pain management programs for patients who have 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's functional capacity evaluation indicates that the results are invalid due to submaximal and/or inconsistent effort. There is no indication that the patient has undergone psychometric testing with validity measures or any lower levels of psychological care such as individual psychotherapy. Therefore, lower levels of care have not been exhausted. As such, it is the opinion of the reviewer that the request for 80 hours of chronic pain management program 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)