

Applied Assessments LLC
An Independent Review Organization

Phone Number:
(512) 333-2366

2771 E Broad St. Suite 217 PMB 110
Mansfield, TX 76063
Email: appliedassessments@irosolutions.com

Fax Number:
(512) 872-5096

Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

Chronic Pain Management Program 4 sessions per week for 2.5 weeks for a total of 10 sessions, initial

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)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. The patient was driving when his right front tire blew out causing him to lose control. He describes being violently thrown side to side causing his head and torso to jerk suddenly and left elbow and shoulder to strike the door. Peer review dated 12/26/14 indicates that the claimant sustained a lumbar strain grade I, cervical strain grade I and left elbow and shoulder contusion. No further care is indicated. The patient underwent lumbar epidural steroid injection on 12/30/14. Designated doctor evaluation dated 02/05/15 indicates that the patient underwent a course of physical therapy. Diagnoses are listed as lumbar strain/sprain, cervical strain, left shoulder strain and left elbow contusion. The patient was determined to have reached maximum medical improvement as of 01/06/15 with 13% whole person impairment. Functional capacity evaluation dated 03/06/15 indicates carrying, trunk rotation, overhead lift and reach, pushing and pulling were restricted; squatting and walking were not restricted. Initial assessment dated 05/05/15 indicates that BAI is 22 and BDI is 32. Current medication is ibuprofen. Physical demand level is scored as light and job requires a heavy physical demand level, per functional capacity evaluation dated 05/05/15. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Office visit note dated 06/29/15 indicates that there is continued severe lower back and leg pain, moderate neck pain and mild to moderate shoulder pain. The patient has not undergone any form of treatment for several months. The patient is frustrated and describes continued depression, anxiety, fear of not improving and dependence on pain medication for daily activities. On physical examination straight leg raising is positive bilaterally. There is moderate lumbar and cervical spine tenderness. Active lumbar range of motion is flexion 40, extension 20, bilateral lateral flexion 20 degrees. Cervical range of motion is flexion 50, extension 50, bilateral lateral flexion 30 and bilateral rotation 60 degrees. Diagnoses are listed as lumbar strain, lumbar disc herniation, left shoulder impingement, left shoulder rotator cuff strain, left elbow contusion and cervical spine radicular pain.

Initial request for chronic pain management program x 10 sessions was non-certified on 05/14/15 noting that it does not appear that all lesser levels of care have been exhausted. Additionally, medical necessity for such an extensive program would not appear to be established when prescription medications are not provided for management of pain symptoms. Appeal letter indicates that the patient has undergone physical and individual therapy, lumbar epidural steroid injections, work hardening, chiropractic care and medication management. The patient is not a surgical candidate. He was previously prescribed hydrocodone; however, he was not able to continue due to side effects. The denial was upheld on appeal dated 05/28/15 noting that

the patient is taking ibuprofen only for pain. The patient has not exhausted all primary and secondary means of treatment. There is no narcotic usage.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries due to a tire blow out and has undergone treatment to date including a work hardening program, lumbar epidural steroid injections and physical therapy. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The patient's response to prior work hardening program is not documented. The patient is not currently taking narcotic or psychotropic medications. Peer review dated 12/26/14 indicates that the claimant sustained a lumbar strain grade I, cervical strain grade I and left elbow and shoulder contusion and it is opined that no further care is indicated. The patient has been determined to have reached maximum medical improvement by a designated doctor. As such, it is the opinion of the reviewer that the request for chronic pain management program 4 sessions per week for 2.5 weeks for a total of 10 sessions, initial 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain

- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)