

Independent Resolutions Inc.

An Independent Review Organization

Phone Number:
(682) 238-4977

835 E Lamar Blvd. 394
Arlington, TX 76011

Email: independentresolutions@irosolutions.com

Fax Number:
(817) 385-9610

Notice of Independent Review Decision

Case Number:

Date of Notice: 11/16/2015

Review Outcome:

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

Psychology

Description of the service or services in dispute:

Chronic Pain Management Program 80 hours / units (outpatient)

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. On this date he was throwing away a trash bag when he slid on an icy walkway, fell and injured his left shoulder and left hip. The patient underwent left hip surgery and was told to return to work after discharge. The patient reports he received injection therapy. He underwent left shoulder surgery on 10/24/14. He underwent a course of physical therapy. The patient completed 80 hours in a work hardening program where he made some gains but continued to struggle with pain. The patient completed 4 individual psychotherapy sessions. PPE dated 07/30/15 indicates that current PDL is sedentary. PPE dated 09/18/15 indicates that the patient has not worked since 01/06/14. Required PDL is heavy and current PDL is light. Reassessment for chronic pain management program continuation dated 09/21/15 indicates that FABQ-W remains 42 and FABQ-PA remains 24. BDI decreased from 11 to 9 and BAI remained 6. Pain level remains 7/10. He has been authorized for 80 hours of chronic pain management program. Current medication is Advil. Diagnoses are somatic symptom disorder with predominant pain and major depressive disorder.

Initial request for chronic pain management program 80 hours was non-certified on 10/01/15 noting that there is no reasoning to provide additional approval for another 80 hours of a chronic pain management program without fully assessing the outcome from the initial 80 hours in terms of objective measures of functional benefit to support significant degree of improved measures of function as well as cognitive affect. Reconsideration request dated 10/09/15 indicates that he made gains in reducing his irritability, muscle tension and nervousness. He reports a decreased score in BDI. He has improved his coping skills by utilizing distraction techniques, catastrophizing and ignoring pain. The denial was upheld on appeal dated 10/20/15 noting that the guidelines state that neither re-enrollment in repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The clinical information in this case indicated that the patient previously completed 60 hours of a chronic pain management program with no change in fear avoidance or BAI scores. BDI improved from 11 to 9. There was no documentation with quantified evidence of functional improvement with previous sessions to warrant continuation of treatment.

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

The patient sustained injuries in XX/XXXX and has completed 80 hours of work hardening and 80 hours of chronic pain management program. 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. The patient's current physical demand level is only light despite 80 hours of chronic pain management program and 80 hours of a work hardening program. The patient's BAI is unchanged. Fear Avoidance scales are unchanged. The patient's pain level is unchanged. BDI decreased only slightly. The patient is currently only taking Advil. The submitted records fail to document significant demonstrated efficacy as required by current evidence based guidelines for continuation in a chronic pain management program. As such, it is the opinion of the reviewer that the request for chronic pain management program 80 hours/units (outpatient) 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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)