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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 12/09/2015

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 5 X wk X 2 wks 80 units

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 female whose date of injury is XX/XX/XX. On 09/18/15, she was seen in clinic. She had left shoulder pain by history, and reported muscle spasms, numbness, pins and needles, tingling and weakness. She stated she was unsure if she had ever received any relief from injections and was taking Oxycodone and Robaxin and Baclofen for muscle spasms. Pain was rated at 8/10 at that time. On 09/23/15, a behavioral evaluation was performed noting the patient sustained a work related injury while performing her duties at work moving a X with a coworker when the coworker dropped one end, causing the patient to get twisted as the X fell. She was on Oxycodone, Voltaren, Baclofen and Diazepam and had complaints of pain to her left shoulder. Her BDI2 score was 45, and her BAI score was 31. A chronic pain management program was recommended. On 09/23/15, a functional capacity evaluation was performed noting that throughout the objective functional testing, the patient reported pain 100% of the time and she had no ability to lift 0 lbs., carry 0 lbs., or occasional squat or lift 0 lbs.

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

On 10/01/15, a utilization review determination letter was submitted noting the request for multi-disciplinary chronic pain management program 5 x a week x 2 weeks was non-certified. It was noted that a more comprehensive functional evaluation was not provided for review to confirm significant functional deficits to be addressed with a multi-disciplinary program and therefore the request was non-certified. It was noted the 09/18/15 progress note noted the patient had chronic pain in the left shoulder, and the behavioral examination of 09/23/15 reported left shoulder pain.

On 10/26/15, a utilization review report non-certified the request for a chronic pain management program, 5 x a week x 2 weeks for 80 units, noting the request was not medically necessary. It was noted the patient had not been able to return to work since her date of injury XXXX exceeding the 24 months as recommended

by guidelines. It was further noted that the functional capacity evaluation demonstrated self-limiting behavior and submaximal effort.

The FCE performed on 09/23/15 noted the patient demonstrated consistent effort throughout 66.7% of the test, suggestive of segmental inconsistencies during the evaluation, resulting in mild self-limiting behaviors/submaximal effort. During the test, the items that were inconsistent included right five span grip and left five span grip.

The guidelines state that negative predictors of success, such as not returning to work of the date of injury, should be properly addressed prior to recommending this program; this has not been adequately addressed by the records. The behavioral evaluation of 09/23/15 stated the patient has not been able to return to work since her date of injury, but did not specifically address this as a negative predictor of success, nor did the evaluator indicate how the program goals would address this issue.

It is the opinion of this reviewer that the request for a chronic pain management program 5 x a week x 2 weeks or 80 units is not medically necessary and the prior denials are upheld.

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)