

**Applied Resolutions LLC**  
**Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 01/20/2015

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**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 X 80 hours

**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 who reported an injury on xx/xx/xx. The patient developed complaints of neck pain. report on xx/xx/xx, the patient had continuing complaints of neck pain that had not improved with medications including Hydrocodone, Ibuprofen, Lexapro, or Naproxen. The patient's physical examination at this evaluation noted loss of range of motion and mild tenderness to palpation posteriorly. did recommend consideration for a chronic pain program. The clinical documentation did include a plan of treatment for this patient. There was a psychological evaluation from 11/18/14 noting prior physical therapy for 12 sessions. The patient did have severe allergic reactions to cervical epidural steroid injections. The patient was recommended for a cervical discectomy and fusion; however, the patient declined to proceed with surgery. The patient did feel plateaued with therapy. There was no discussion regarding prior individual psychotherapy. It is noted that the patient had minimal depression on BDI assessment as well as mild anxiety on BAI assessment. The patient did have a previous behavioral health assessment in March of 2014 which again noted mild depression and anxiety findings. There was a separate behavioral reassessment from 11/10/14 which noted complaints of insomnia with an anxious mood and constricted affect. The patient did reflect moderate anxiety on BAI testing with continuing minimal depression. The patient also underwent a functional capacity evaluation on 11/03/14 which noted the patient's work requirements were at a heavy physical demand level. The evaluation demonstrated that the patient was unable to safely perform his normal job demands and restrictions were still required for working.

The requested chronic pain management program was denied on 11/26/14 as well as 12/17/14 as the patient had negative predictors for positive response for an extensive program based on the date of injury. There was no documentation regarding any active treatment and there was no evidence of any significant psychosocial issues requiring a multi-disciplinary program.

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

The patient has been followed for continuing complaints of chronic neck pain impacting his overall physical capabilities in allowing a return to work. The patient's multiple behavioral assessments failed to identify any substantial psychological or psychosocial issues that would reasonably support a multi-disciplinary treatment program in comparison with further work hardening. It is also unclear whether the patient has reasonably failed all lower levels of treatment. Although the patient has not wished to proceed with surgical intervention, there was no documentation regarding failure of individual psychotherapy as the patient has been prescribed Lexapro. Furthermore, the patient's date of injury and history of delayed recovery is a negative predictive factor in the patient performing well in a multi-disciplinary assessment. Without documented failure of other lower levels of rehabilitation such as work conditioning or work hardening, it is this reviewer's opinion that medical necessity for the request is not established at this point in time 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)