

True Resolutions Inc.

An Independent Review Organization

500 E 4th St PMB 352

Austin, TX 78701

Email: trueresolutions@irosolutions.com

Phone Number:
(214) 717-4260

Fax Number:
(512) 351-7842

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 - 80 hours/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. Functional capacity evaluation dated 10/14/14 indicates that current PDL is light and required PDL is medium. Psychological testing and assessment report dated 11/13/14 indicates that current medication is Aleve. Her affect was broad (normal). BDI is 8 and BAI is 4. FABQ-W is 19 and FABQ-PA is 9. MMPI produced a valid protocol. Diagnoses are adjustment disorder unspecified, and pain disorder associated with both psychological factors and a general medical condition. The initial request for chronic pain management program 80 hours/units was non-certified on 11/20/14. Post injury she has received PT and chiropractic care without full recovery. For this patient to qualify for a multidisciplinary approach for her pain she should have tried and failed all lower levels of care. Based on the submitted clinicals, lower levels of care were not tried or authorized based of the clinical merits of this claim. She is not a good candidate for chronic pain management program. Reconsideration request dated 12/01/14 indicates that treatment to date includes chiropractic x 24. She was denied EMG/NCV, lumbar MRI, individual psychotherapy and work hardening. She has been released from work restrictions to full work duty. She currently works, but cannot for too long without pain getting worse. The denial was upheld on appeal dated 12/08/14 noting that the submitted documentation does not substantiate medical necessity for a chronic pain management program. There is no compelling rationale provided.

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 been treated with chiropractic therapy. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program as required by the Official Disability Guidelines. The submitted records fail to establish that the patient presents with significant psychosocial issues which would require a multidisciplinary approach to treatment. The patient is noted to be currently working. The patient is not currently taking any opioid or psychotropic medications and is only taking Aleve at this time. As such, it is the opinion of the reviewer that the request for chronic pain management program 80 hours/units 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 AHCPR-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)