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DATE NOTICE SENT TO ALL PARTIES: Jan/18/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 80 hours of chronic pain management

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Family Medicine

REVIEW OUTCOME: 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for 80 hours of chronic pain management is not recommended as medically

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is XX/XX/XX. The patient states that he was sitting at a table, and as he was attempting to get up he began to feel an acute onset of pain in his right ankle region. The patient denied having any trauma to the area. The patient underwent x-rays and was released to return to duty. Functional capacity evaluation dated XX/XX/XX indicates that current PDL is medium and required PDL is very heavy. Functional capacity evaluation dated xxxxx indicates that current PDL is medium. MRI of the right ankle dated XX/XX/XX revealed Achilles tendinosis and some lateral subcutaneous soft tissue edema which could represent a direct blow or bruising. Report of maximum medical improvement/impairment dated XX/XX/XX indicates that clinical impression is right ankle sprain.

The patient was determined to have reached maximum medical improvement as of this date with 0% whole person impairment. Follow up note indicates that diagnosis is right ankle sprain/strain. Psychological testing and assessment report dated XX/XX/XX indicates that BDI is 17 and BAI is 21. FABQ-W is 31 and FABQ-PA is 13. MMPI produced a valid protocol. Diagnoses are somatic symptom disorder with predominant pain and unspecified anxiety disorder. PPE dated XX/XX/XX indicates that the patient is currently working full-time. Current PDL is medium and required PDL is very heavy. Request for chronic pain management program dated XX/XX/XX indicates that current medications are Ambien, Bayer aspirin, fish oil, garlic, hydralazine, metoprolol, triamterene-hctz, and Ultram. BDI is 17 and BAI is 22.

Initial request for 80 hours of chronic pain management was non-certified on XX/XX/XX noting that there are many inconsistencies including the fact that the current request states that the patient is already at very heavy PDL, and that, according to earlier review, that patient has been at very heavy PDL for a long time. He does not appear to have significant psychological problems. Reconsideration request dated XX/XX/XX indicates that the patient still has a mismatch between his current and required PDL. He is at 50 lbs and needs to be at +100 lbs. The denial was upheld on appeal noting that after a review of objective

personality testing, there is no evidence of malingering, with increased somatic concerns, anxiety, muscle bracing, and functional complaints, elevated compared to medical samples but not severely so. Thus, there are not significant psychological issues. The patient is taking Ultram (tramadol) for pain but is on no opiates. Missing from this case is a clear formulation about the reasons for his continued pain and limited activity, as well as a rationale for the level of care currently requested. Essentially this is a man with mild ankle pain with self-limited activity. There is anxiety and fear-avoidance in the workplace, but the overall clinical picture does not support a full CPMP given all the above. Per telephonic consultation, they discussed that given the issues that are present, the patient may benefit from additional cognitive behavioral therapy focused on reducing fear avoidance and gradually increasing activity using an incremental behavioral approach, but a full CPMP is not supported given the absence of clear physical, psychological, or medication issues requiring that intensity of care. Therefore, the request for 80 hours of chronic pain management program is neither medically necessary nor appropriate.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained an ankle sprain/strain in XX/XXXX which should have resolved at this time. Report of maximum medical improvement/impairment dated XX/XX/XX indicates that clinical impression is right ankle sprain. The patient was determined to have reached maximum medical improvement as of this date with 0% whole person impairment. There is no documentation of any recent active treatment. It appears that the patient is currently working full-time. There is no clear rationale provided to support a return to work program for a patient who is currently working full time. The patient does not appear to present with a significant psychosocial component which would require a multidisciplinary program in accordance with the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for 80 hours of chronic pain management is not recommended as 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 & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)