

Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

DATE NOTICE SENT TO ALL PARTIES: Jan/21/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 80 hours of Chronic Pain Management between 12-21-15 and 2-19-16

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Physical Medicine and Rehabilitation

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 necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is XX/XX/XX. The patient tripped and fell and sustained a left wrist fracture. The patient was treated with a cast and subsequent splinting. Initial interview dated XX/XX/XX indicates that BDI is 10 and BAI is 6. Diagnoses are adjustment disorder with mixed anxiety and depressed mood, and pain disorder associated with both psychological factors and a general medical condition. The patient underwent left wrist corrective osteotomy of the distal radius malunion, resection arthroplasty of the distal radioulnar joint and TFCC repair on XX/XX/XX. Functional capacity evaluation dated XX/XX/X indicates that current PDL is sedentary to light. Functional capacity evaluation dated XX/XX/XX indicates that required PDL is medium to heavy and current PDL is sedentary to light. Request for services dated XX/XX/XX indicates that after completion of individual psychotherapy and 10 sessions of work conditioning, the patient has been recommended for a chronic pain management program. Current medication is ibuprofen. The patient has shown minimal progress in decreasing his levels of pain. BDI increased from 5 to 28 and BAI from 1 to 13.

Initial request for 80 hours of chronic pain management was non-certified on XX/XX/XX noting that the patient has failed to improve despite a course of individual psychotherapy and work conditioning. The patient reportedly has failed to improve due to psychosocial issues; however, there is no indication that the patient has been trialed on psychotropic medications or that the patient has undergone validity testing to assess the validity of his subjective complaints. It appears that current medication consists of Ibuprofen.

It is unclear if there is an absence of other options likely to result in significant clinical improvement as required by the Official Disability Guidelines. Reconsideration request dated XX/XX/XX indicates that the patient's pain is still constant. The patient experiences an inability to successfully meet the demands of his job. The patient has not returned to work since the date of injury. The patient has undergone various forms of treatment; however, none of these procedures dealt with the anxiety and depression that being out of a job has caused him. His BAI and BDI scores have increased from lower stage to much higher scores

due to his frustrations and anxiety of not being able to return to work. The denial was upheld on appeal dated XX/XX/XX noting that the reasons for the prior denial were not addressed as it is unclear of an absence of other options likely to result in significant clinical improvement including a trial of psychotropic medications or validity testing to assess the validity of his subjective complaints.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has failed to improve significantly despite treatment to date including a work conditioning program, surgical intervention, and individual psychotherapy. The patient's physical demand level remained sedentary to light despite a work conditioning program. The patient's Beck scales actually increased despite a course of individual psychotherapy. The submitted records indicate that the patient is currently taking only Ibuprofen. There is no documentation of a trial of psychotropic medications, and the patient is not currently taking any opioid medications. There is no confirmation through validity testing that the patient's reported symptoms are accurate. The Official Disability Guidelines note that chronic pain management programs should not be used as a "stepping stone" after less intensive programs. As such, it is the opinion of the reviewer that the request for 80 hours of Chronic Pain Management between XX/XX/XX and XX/XX/XX 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 KNOWLEDGBASE

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)