

True Resolutions Inc.
An Independent Review Organization

Phone Number:
(512) 501-3856

2771 E Broad St. Suite 217 #172
Mansfield, TX 76063

Email: trueresolutions@irosolutions.com

Fax Number:
(512) 351-7842

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Notice of Independent Review Decision

Case Number:

Date of Notice: 02/11/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Pain Management And Emergency Medicine

Description of the service or services in dispute:

Functional Restoration Program 10 sessions / 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 is a male who reported an injury on XX/XX/XX. The mechanism of injury occurred while taking a refrigerator unit up to an apartment. The patient was diagnosed with pain disorder with related psychological factors, adjustment disorder with mixed anxiety and depressed mood, other problem related to employment, and lumbar sprain. His current medications included gabapentin 800 mg 4 times a day, ibuprofen 200 mg 4 times a day, fentanyl patch 1 every 48 hours, Aleveer patch 1 daily, baclofen 10 mg 4 daily, and fish oil 100 mg 4 daily. Surgical history included L4-S1 fusion and repeat fusion for nonunion at L5-S1 in XX/XXXX. Diagnostic studies were not provided in the medical records. Other therapies included physical therapy, a TENS unit, a spinal cord stimulator, work conditioning, and multiple epidural steroid injections. An appeal request has been submitted for a functional restoration program, 10 sessions/80 hours. According to a previous determination letter dated XX/XX/XX, the requested treatment was non-certified given the date of injury was greater than XX years and there was no documented vocational goal as to what the patient wanted to do for the program or treatment goal. Also the requested program did not appear to be CARF certified and there was no documentation showing their percentage of patients that have returned to work or who had decreased reliance on medical treatments and weaned off sedative medications. The documentation did not substantiate motivation to change and the patient was willing to change their medication.

The documentation also did not substantiate that there was an absence of other options likely to result in significant clinical improvement. The documentation did not clearly discuss whether the patient would be expected to be at MMI after the program. According to an appeal letter, dated XX/XX/XX, it was noted that all of the patient's injuries and disabilities were greater than 24 months. He reported his employer had not shown support, respect, or understanding, which has not helped him to have confidence to return to his job.

The patient would like to explore other careers. His present functional abilities were less than sedentary PDL (0 pounds). The patient was not currently meeting all of his preinjury demands. It was noted the

patient understood he required an extensive medication reduction plan. According to the most recent clinical note dated, XX/XX/XX, A Functional Capacity Evaluation was performed on XX/XX/XX which noted the patient was not capable of physically performing all of his preinjury work demands. His maximum physical demand level was noted to be at light PDL frequently. His present functional abilities are in the less than sedentary to sedentary PDL. He was unable to lift knuckle to shoulder, shoulder to overhead, floor to overhead, and carry a distance of 100 feet. According to the Fear Avoidance Beliefs Questionnaire, the patient scored a 21 (decrease of 3) in the physical subscale and a 36 (decrease of 6) in the work subscale. These scores are suggestive of elevated levels of avoidance and fear related to his work related injury and the impact of his pain on his current level of physical functioning. On the pain experience scale, the patient scored a 75, which indicated a moderate level of pain. On the Beck Depression Inventory the patient scored a 23, indicating a moderate level of depression. On the Beck Anxiety Inventory the patient scored a 24, indicating a moderate level of anxiety.

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

The documentation submitted for review indicated the patient continued to have pain problems, physical functioning deficits, psychological issues, and may benefit from a chronic pain management program. It was noted that all of the patient's injuries and disabilities were greater than 24 months. He reported his employer had not shown support, respect, or understanding, which has not helped him to have confidence to return to his job and the patient would like to explore other careers. It was also noted the patient's current functional abilities were less than sedentary PDL (0 pounds), was not meeting all of his preinjury demands, and understood he required an extensive medication reduction plan. However, previous reasons for denial were not addressed. As previously stated, the requested program did not appear to be CARF certified and there was no documentation showing their percentage of patients that have returned to work or who had decreased reliance on medical treatments and weaned off sedative medications. The documentation did not substantiate that there was an absence of other options likely to result in significant clinical improvement. Furthermore, the documentation did not clearly discuss whether the patient would be expected to be at MMI after the program. Therefore, the request for Functional Restoration Program 10 sessions / 80 hours is non-certified and the prior determination is 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)