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**An Independent Review Organization**

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## **Notice of Independent Review Decision**

Case Number:

Date of Notice: 01/21/2016

### **Review Outcome:**

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

Anesthesiology And Pain Management

### **Description of the service or services in dispute:**

Chronic Pain Management Program 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)**

This patient is a female who reported an injury on XX/XX/XX after lifting a heavy doormat. Her diagnoses include a lumbar sprain. According to the documentation submitted for review, the patient has completed 5 sessions of physical therapy and 10 days of a work hardening program in XXXX. She also completed 4 sessions of individual psychotherapy. A Request for Treatment form dated XX/XX/XX states that the patient has almost completed 80 hours of a chronic pain management program. Per the evaluation dated XX/XX/XX, the patient reported persistent marked pain and unresolved functional issues associated with reliance on significant others to complete activities of daily living. At the time, her medications included lisinopril, pravastatin sodium, and Tylenol with Codeine. She was no longer taking amitriptyline or gabapentin. Her self ratings on symptoms for pain, irritability, frustration, muscle tension, nervousness, depression, and sleep problems had decreased. Her FABQ W score decreased from a 39 to a 29, and her FABQ PA score decreased from a 24 to a 19. She also had a decrease in her Beck Anxiety Inventory score, going from a 29 to a 16, and her BDI-II score decreased from a 24 to a 16. Per her initial Physical Performance Evaluation on XX/XX/XX, the patient was determined to be at a sedentary PDL, while her required PDL was medium. According to an updated Physical Performance Evaluation on XX/XX/XX, the patient was deemed able to return to work with restrictions until she demonstrated objective improvement in the ability to perform safely and efficiently at their place of employment without restrictions. Her current PDL continued to be sedentary. It was stated that the patient required additional hours in the chronic pain management program. This request is regarding 80 hours of a chronic pain management program for the patient.

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

Per the Official Disability Guideline recommendations, treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Per the documentation submitted for review, the patient has made psychological gains

throughout her initial 10 sessions of chronic pain management. However, the documentation submitted for review fails to support that the patient has demonstrated any significant gains toward her physical goals to support continuing with the chronic pain management program. Of note, the patient initially presented at a sedentary PDL and remains at a sedentary level, per the most recent evaluation. Therefore, while the patient has made gains psychologically, without documentation to support efficacy in all areas of the program to include the physical demand level of the patient, the request for an additional chronic pain management 80 hours would not be supported. Given the above, the request is not in accordance with the applicable guidelines. As such, the prior denial of the chronic pain management program 80 hours 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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)