

# AccuReview

An Independent Review Organization  
 569 TM West Parkway  
 West, TX 76691  
 Phone (254) 640-1738  
 Fax (888) 492-8305

## Notice of Independent Review Decision

[Date notice sent to all parties]: July 26, 2018

**IRO CASE #:** XXXX

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

10 Sessions/80 units of chronic pain program 97799 – CP 3 x a week for low back

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

This physician is Board certified in Anesthesiologist with over 15 years of experience.

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

XX: Follow-Up Evaluation dictated by XX, MD. CC: lower/mid back pain, pain 7/10. Radiating pain has down left lateral thigh, intermittently to left ankle. Numbness and tingling remained the same down the left lateral thigh, intermittently to left ankle. DX: sprain of ligaments of lumbar spine, subsequent encounter. Recommendations: 1. No physical therapy at this time, 2. Medications: XX 400mg, XX 10mg; 3. Saw pain specialist on 3-22-18, wants to perform another block since last one helped, awaiting approval.

XX: MR Lumbar WO dictated by XX, MD. Impression: normal lumbosacral spine.

XX: Office Visit dictated by XX, MD. CC: low back pain. PE: facet pain on spine rotation/extension and palpation and axial loading in the lumbar spine pain in the lumbar facets bilaterally at the L5/S1. Assessment: Sprain of ligaments of lumbar spine. Plan: lumbar facet block L5/S1 level medial branch of the dorsal ramus bilaterally x 1 if successful, RFA with physical therapy.

XX: Office Visit dictated by XX, MD. CC: low back pain that radiates to lumbar spine. No significant changes noted. Medial branch block to lumbar performed.

XX Initial Evaluation dictated by XX. CC: claimant stated that XX stepped the wrong way bending XX L foot at ankle causing pain. PE: left ankle: Inspection: edema dorsum of the foot, lateral malleolus and medial malleolus, bruising lateral malleolus. ROM decreased plantar flexion and dorsal flexion decreased, inversion decreased, eversion decreased. Tenderness to palpation dorsum of the foot, lateral and medial malleolus. Left ankle/foot: x-ray positive for multiple 2 fractures of the left lower tibia. DX: displaced fracture of Left tibial tuberosity, closed fracture. Recommendations: no PT at this time, XX 400mg, urgent consult for ortho, wear boot and limit L leg use as much as

possible, elevate ankle as much as possible.

XX Office Visit dictated by XX, MD. CC: LBP, reported able to sit for less than 30 minutes and able to walk for less than 30 minutes with VAS 4-6/10; injection helped and improved discomfort by 70%. DX: sprain of ligaments of lumbar spine. Plan: radiofrequency neurolysis/ablation (RFA) L5/S1 level, medial branch of the dorsal ramus bilaterally.

XX: Office Visit dictated by XX, MD. CC: LBP, RFA denied due to ODG improvement in overall pain by 70% after procedure. DX: Sprain of ligaments of lumbar spine. Plan: appeal RFA L5/S1 bilaterally, medial branch of the dorsal ramus times one followed by PT.

XX: Office Visit dictated by XX, MD. CC: LBP. Plan: because the claimant has been denied and continues to need medical help and is off work, because of the duration of the injury, will request a chronic pain program 10 session, FCE and psych evaluation to be performed.

XX: Functional Capacity Evaluation dictated by XX PA. Assessment: The claimant's overall musculoskeletal and functional abilities related to the physical abilities include a medium physical demand category with consistent effort throughout 73.0 percent of the test, which would suggest the claimant put forth full and consistent biomechanical and EVP effort during evaluation. BDI-II 61, BAI 38, SOAPP-R 29, FABQ 39/42 on work scale and 24/24 on activity scale.

XX: Behavioral Evaluation and Request for Services dictated by XX, MD. Summary: The pain resulting from XX injury has severely impacted normal functioning physically and interpersonally. Claimant reports frustration and anger related to pain and pain behavior, in addition to decrease ability to manage pain. Pain has reported high stress resulting in all major life areas. The claimant will benefit from a course of pain management. It will improve XX ability to cope with pain, anxiety, frustration, and stressors, which appear to be impacting XX daily functioning. Claimant should be treated daily in a pain management program with both behavioral and physical modalities as well as medication monitoring. The program is staffed with multidisciplinary professionals trained in treating chronic pain. The program consists of, but is not limited to daily pain and stress management and vocational counseling as well as physical activity groups. These intensive services will address the current problems of coping, adjusting, and returning to a higher level of functioning as possible. Claimant will also be referred for Psychiatric treatment concurrently to help with XX Depression due to XX work-related injury and situation.

XX: UR performed by XX, DO. Reason for denial: The FCE indicated that claimant functioning at a medium PDL and the claimant's job duties were in the medium PDL. FCE also indicated that the claimant was presently unable to work full time. With the FCE including the claimant able to work full time and current PDL matching the job requirements, the requested for 10 sessions/80 units of CPMP is not medically necessary.

XX: Preauthorization Appeal Request dictated by XX, MA. Dr. XX reported claimant met Medium PDL duties, but reviewer failed to read on the FCE that the claimant did not meet all of XX return to work duties which are stated in the first paragraph of the FCE, "This job specific evaluation was performed in a 100% kinesio-physical approach and this claimant demonstrated the ability to perform 69.0% of the physical demand of XX job as a XX XX. The return to work test items this claimant was unable to achieve successfully during this evaluation include: Occasional XX, Frequent XX, Constant Unilateral Lift, Occasional Unilateral Carrying, Frequent Unilateral Carrying, Gross Motor Coordination, Fine Motor Coordination, Bending, Squatting, Sustained Squatting, Kneeling Repetitive, Walking, Forward Reaching and Ladder/Other, Claimant scores on BDI, BAI, FABQ and SOAPP-R were all elevated and severe, claimant meets ODG.

XX: UR performed by XX, MD. Reason for denial: the submitted clinical records fail to establish that the claimant has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There is no documentation of lower levels of psychological treatment which is significant finding given that the claimant is currently reporting SI and therefore the request is not medically necessary and denied.

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

The previous adverse determinations are upheld and agreed upon. Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The submitted clinical records fail to establish that the claimant has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There is no documentation of lower levels of psychological treatment which is significant finding given that the claimant is currently reporting suicidal ideation and therefore the request is not medically necessary. In conclusion, after reviewing the medical records and documentation provided, the request for 10 Sessions/80 units of chronic pain program 97799 – CP 3 x a week for low back is denied.

XX

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN 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)