True Resolutions Inc.

Notice of Independent Review Decision

Case Number: XX Date of Notice: 4/16/2019 4:54:XX PM CST

True Resolutions Inc.

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IRO REVIEWER REPORT

Date: 4/16/2019 4:54:XX PM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Pain management program X XX hours

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

REVIEW OUTCOME:

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

☐ Overturned	Disagree
☐ Partially Overturned	Agree in part/Disagree in part
☒ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who was injured on XX. XX was working as a XX XX at the XX of XX XX and XX XX in XX, XX. XX was XX the XX XX and XX the XX XX XX to the XX to XX off the XX. XX was at a XX XX and then it turned XX. XX. XX XX but XX XX XX XX XX XX to and XX XX XX the XX XX. XX was diagnosed with strain of muscle, XX and tendon of XX XX, strain of muscle, XX and tendon at XX level, and XX XX pain. On XX, XX. XX was evaluated by XX XX, XX. XX recently had a XX epidural steroid injection on XX. XX reported feeling 50% better than before. XX was still taking XX and XX. XX rated the XX pain and XX pain as 5/10. XX reported some XX. On examination, straight XX raise test was positive XX. Per the XX Evaluation and Request for Services report by XX XX, XX / XX. XX dated XX and amended on XX, XX. XX was referred for a XX evaluation. XX. XX had requested input regarding treatment planning, in particular whether referral for XX XX treatment would be appropriate at the time. XX. XX reported

intermittent, stabbing, burning, sharp, throbbing, shooting, aching, pins and needles, and pressure pain in XX XX and XX. The pain was rated 3-9/10. XX pain was aggravated by XX XX, XX too long, walking more than XX minutes, and XX on XX XX. The pain was only decreased by XX XX often. XX reported XX about XX to XX XX per XX; however, it was very XX due to the pain and unable to get XX. XX was very weak and could not perform XX XX in XX life. XX reported that XX levels of strength, mobility, and endurance were lower than they had ever been. XX was no longer able to go to XX XX XX with XX friends, play XX, go XX, XX or take XX, go to XX, and XX due to XX XX-related injury. XX also reported having difficulty managing XX pain and experienced a great deal of interference with activities of XX XX. XX reported XX of XX and XX and symptoms of energy decrease, XX about the XX, muscle tension, difficulties XX to XX injury, XX of re-injury, XX XX, XX XX with XX physical health, and increased pain when XX was XX XX out. XX was XX more XX and becoming XX since XX injury. The XX XX Inventory II (BDI-II) score was 12 within the mild range of the assessment. Symptoms reported at the mild level included: XX. The XX XX Inventory (BAI) score was 10 within the mild range of assessment. Symptoms reported at the mild level included: numbness, feeling hot, XX to XX, and XX of the XX XX, XX, XX, XX XX, difficulty XX, XX, and XX. The XX and XX Assessment for Patients in Pain-Revised (SOAPP-R) score was XX indicating a XX XX for XX of prescribed XX pain medications. XX. Per the summary of the report, the pain resulting from the injury had severely XX XX XX physically and XX. XX. XX reported XX and XX related to the pain and pain behavior, in addition to decreased ability to manage pain. Pain had been reported XX XX resulting in all XX XX XX. It was opined that XX. XX would be benefited from a course of pain management. A CT scan of the XX XX dated XX revealed early XX XX disease at XX-XX. X-ray of the XX XX dated XX showed mild XX XX. An MRI of the XX XX dated XX revealed mild XX XX changes most prominent at XX-XX and XX-XX. There was a XX-mm broad-based XX XX at XX-XX mildly narrowing the XX XX. Multilevel facet XX was noted. XX XX on the XX at XX-XX and XX XX-XX level was seen. There was moderate XX narrowing XX at XX-XX and XX-XX. An MRI of the XX XX showed mild XX XX changes at XX·XX and XX-XX, moderate / advanced multilevel facet XX and XX XX XX at XX-XX with encroachment of the exiting XX XX. Treatment to date included medications (XX, XX, XX, XX, XX, XX, and XX), physical therapy sessions for XX and XX, and XX epidural steroid injection at the XX-XX level (with 50% relief of pain), XX epidural steroid injection at XX-XX, XX facet blocks (with 50-60% relief), XX restrictions, and massage. Per a utilization review determination letter by XX XX, XX dated XX, the request for pain management program was non-authorized. Rationale: “A new amended report dated XX, but based on the same interview reviewed at the last request (the interview was in XX, XX) is attached. Patient is on XX #XX at bedtime (qhs), XX, XX and XX 600. Beck XX Inventory = 11, Beck XX Inventory = 10 in the very mild ranges for XX and XX. Minnesota Multiphasic Personality Inventory (MMPI) -2 shows XX XX (T score not specified) on what appear to be scales 1, 2 and 7 and NFC. It is unclear when the MMPI 2 was given. Patient had injection therapy since the last evaluation. The Functional Capacity Evaluation is the same one presented with the last request showing the was able to XX full time. However, there is a new note stating that based on the patients report that XX sometimes has to function as a XX, they conclude that the patient does not meet a XX XX Demand Level.” An adverse determination letter dated XX indicated that the denial was upheld with the previous determination. There was a previous adverse determination dated XX wherein the previous reviewer noted there was a new note stating that based on the XX. XX’s report, XX sometimes had to function as a XX and it was concluded that XX did not meet a XX XX demand capacity level. As such, the request was denied. Official Disability Guidelines indicated a chronic pain management program when an adequate trial of active physical rehabilitation with improvement followed by a plateau, with evidence of no likely benefit from the continuation of further XX therapy treatment. A valid Functional Capacity Evaluation should be performed and the results should demonstrate capacities below an employer-verified physical demands analysis (PDA). Upon reconsideration, the functional capacity examination demonstrated unreliable pain reporting as demonstrated by test results of XX. XX’s Waddell signs, McGill Pain Questionnaire, Ransford Pain Drawing, Oswestry Low XX XX Questionnaire, and XX-XX XX despite being able to power lift XX pounds and carry between XX-XX pounds with the XX XX. Unreliable pain reporting can be a negative predictor of success. There was no outline in the request for chronic pain management on how those would be addressed. Additionally, there was documentation of improvement with more conservative measures by a return to XX and had improved by 50-60% after the recent injections. There was also inconsistent documentation of XX.

XX's job duties and responsibilities. As such, the prior denial was upheld and the request was denied.

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

Based on the clinical information provided, the request for Pain management program X XX hours is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted records fail to establish that the patient presents with a significant XX component to XX injury which would require a multidisciplinary program. The submitted functional capacity evaluation indicates that Reliability of Pain results obtained during testing indicate functional pain reports were unreliable. It is reported that the patient's current PDL is medium and required PDL is XX, in which case XX meets the requirements according to this test.
Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is upheld.

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

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES