

# Pure Resolutions LLC

## *Notice of Independent Review Decision*

Case Number:

Date of Notice: 7/23/2019 11:08:09 AM CST

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- INFORMATION PROVIDED TO THE IRO FOR REVIEW:**
- Clinical Record –X
  - Functional Capacity Evaluation –X
  - Utilization Review Decision Letter –X
  - Adverse Determination Letter - X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who sustained an injury on X. X was XX by a X that was on a X region. The diagnosis was X. X worked as an X.X was evaluated by X, PhD, LPC on X. X presented for an initial evaluation to assess the effects of X X accident on X X state, and associated X. The evaluation was to determine the appropriateness of an X program in order to obtain functional restoration. X was involved in a X injury on X, when X injured X. X had suffered from a X was X. X described the pain as X that X rated at X. X noted that X and X made X pain worse. X indicated that medication made X pain better. X continued to struggle with X. On examination, X mood was X, and affect was X. X was unable to get XX XX XX due to X pain and X. X indicated that X XX and XX had been impacted by the injury. The XX XX Inventory score was X and X Inventory score was X. On the Pain Patient Profile (XX), X score was X, an average pain patient score; X score was X, below-average for pain patients; and X score was X, below average score for pain patients. X scores indicated that X did exhibit a X activity, X; and X score on the Work Scale was X. These scores were X and X. X obtained a score of X on the "PAIRS", which was very elevated and suggested that X would continue to perceive X as a X as long as X experienced any discomfort. X (X) score was X. The diagnoses were adjustment reaction with mixed X

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affecting other medical condition. Dr. X recommended X Program. X commented that X would have a positive effect on the overall condition and course of recovery, which had been from the brief course of X in improving X subjective pain experience and XX skills. Dr. X predicted possible reduction in X pain complaints, a reduction associated with X, while improving X function, a reduction of X, and an improvement in the X. The returning to work would also remain a goal of the X treatment. X underwent a functional capacity evaluation (FCE) on X by X, DC. The purpose of the evaluation was to determine physical capacities for work and recommendations of care. The test indicated that X was unable to work at the very heavy physical demand level (X pounds) full time. The results of the FCE were valid and suggested that X did not have the physical capacities to perform the essential demands of the pre-injury job of (X) physical demand level for X a day. It was suggested that X would benefit from an X management program. At the time of evaluation, X was functioning at a X demand level (X pounds) for X and light (X pounds) for X. During the course of an X day at the time of evaluation, X was not able to X. X could not X or be X and X. The treatment to date included X. Per a utilization review decision letter dated X, the request for X Program X hours was denied by X, MD. Rationale: "A request is submitted for treatment in the form of a X Program for a total of X hours. The date of injury is listed as X. A Functional Capacity Evaluation report dated X indicated that objectively, there was an ability to perform medium category work activities above the X and light category work activities X. For the described medical situation, the above-noted reference would not support medical necessity for this specific request as submitted. The length of time that the claimant is removed from the date of injury would be considered a negative predictor for a positive response from such an extensive program. Consequently, based upon the medical documentation available for review, medical necessity for treatment in the form of a X Program for a total of X hours is not established. Recommend non-certification of the X Program X hours." Per an adverse determination letter dated X, the prior denial was X by X, MD. Rationale: "Official Disability Guidelines recommend pain management programs for patients with a X that has evidence of X, previous methods of X treatment, and X evaluation. Per the guidelines, if a program is planned for a patient that has been X, the outcomes for the necessity of use should be clearly identified. The date of injury

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was documented from X with the patient not having seen a medical doctor in the XX XX, and no attempt to obtain alternative employment or return to work. The patient presents with ongoing pain to the X region that is unchanged. Per the document, the patient had completed prior X care that included X. According to the functional capacity evaluation, the patient scored a X demand for X and a X. However, due to the injury being from X, the guidelines recommend clearly identified outcomes due to conflicting evidence of negative outcomes with the amount of time the patient has been X. In addition, there was a lack of documented clarification on whether the prior X therapy had X, or what the patient's response was to it. As such, the request for a X Program X hours is non-certified.”

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

The Official Disability Guidelines discusses considerations when referring a patient to an initial X program. Such a program may be indicated in situations when a patient has ongoing functionally limited pain or X after X treatment options. In this case, it is not clear that this patient has undergone X, X treatment, particularly recently. It is not clear why a X program would be indicated before recent attempts at treating the patient's X status in such a X. Moreover, as noted in a prior physician review, this is an X dating back almost X and the guidelines would encourage very clear specific functional outcomes or other outcome measures in such a situation. Such specific outcome measures are not clear. It appears particularly unlikely that the patient would be able to advance to a X of very X pounds in such a X situation particularly as an initial goal.

Given the documentation available, the requested service(s) is considered not medically necessary and the decision is upheld.

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

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- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Pain/Chronic Pain Programs - Functional Restoration Programs