

Icon Medical Solutions, Inc.

P.O. BOX 169
Troup, TX 75789
P 903.749.4272
F 888.663.6614

DATE: 3/6/19

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Program, XX Sessions/XX Units x's XX weeks

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

The reviewer specializes in Physical Medicine and Rehabilitation with over 25 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]:

Claimant is a XX- year-old XX that was injured on the job, XX. Claimant was a XX in a XX XX and had XX XX XX on the XX , when they XX a XX. XX suffered an abrasion XX XX of XX XX with tenderness at XX. Mild sore XX XX XX. LROM on XX XX due to pain, 7/10.

XX: X-Ray XX XX, Impression: Normal XX XX X-Ray XX XX, Impression: Normal XX XX

XX: Office Visit, XX. Pain level 8/10. No radiation. Associated symptoms include XX stiffness, tenderness and decreased ROM at the XX, but no XX instability. Exacerbating factors, direct pressure, gripping, lifting and motion at the XX. XX pain. Symptoms occur intermittently and dull in nature. Severity of pain is mild.

XX: XX Therapy Note. Evaluation: 1. Traumatic XX of XX XX. 2. Strain of XX XX. 3. Contusion of XX XX. 4. Contusion of XX XX. 5. Abrasion of XX XX. Impairment List: AROM, pain, muscle performance, joint mobility and integumentary. Pt tolerated the current treatment well with no adverse reaction. Prognosis: pt is a good candidate for therapy intervention and demonstrates good prognosis for improvement. Pt to be seen XX times a week for XX weeks.

XX: Pt was approved for PT but said no one called XX and now expired. XX rt XX abrasion and XX re much better rt XX pain is better by 50% but XX still has sharp shooting pain along XX nerve from XX to XX/XX XX,XX,XX with heavy lifting or gripping with XX XX. XX has some XX XX grip weakness. Pt is taking medications prescribed and symptoms have improved. Start XX XX.XX

XX: Consultation, XX. Imaging: XX XX showed no acute fracture. There are some XX noted and some XX over the XX XX, otherwise normal. Pt is favoring XX XX XX and XX has a lot of XX pain with positive XX's at the XX tunnel and

radiating symptoms down to XX small and XX XX. XX does not have any intrinsic weakness or atrophy. XX also has pain over the rt XX XX specifically at the XX joint. XX has decreased terminal extension as well as supination. No obvious DRUJ instability. XX has pain over the medial XX XX, no XX. XX has positive XX's sign over the XX nerve, positive XX flexion test. Get MRI XX. For XX nerve, recommend avoiding XX flexion and for the XX, we are giving XX a XX XX DME XX. Light duty was again offered if available.

XX: MRI XX Joint. Impression: 1. Mild common extensor XX. 2. Trace XX XX joint effusion. 3. Negative for mass of XX about the XX XX. 4. At the XX nerve appears unremarkable. 5. Mild nonspecific XX soft tissue XX about the posterior aspect of XX XX.

XX: Recheck report, XX XX. On exam the XX XX is no longer tender. There is no clawing, but XX does report some pain and radiating symptoms down along the XX nerve towards the small XX XX. XX pain is worse over the XX XX at the TFCC area. DRUJ is stable. XX, XX is XX intact. Impression: XX XX acute-on-chronic at TFCC XX. XX and XXmg XX.

XX: Office Visit, XX. Pt is scheduled for surgery on XX XX XX, XX XX. C/o XX pain. Symptoms are unchanged. Pain is located in the XX XX and in the XX XX XX. Symptoms occur frequently. 8/10.

XX: Office Visit, XX. Pt with hx of XX XX injury and TFCC XX. S/P XX surgery. Pt last seen on XX. Pt states that XX has had XX surgeries done on XX XX XX. Pain 7/10. Exam: XX XX: Appears with no atrophy, no dislocation, no XX and no swelling. Incision is clean dry and intact. Appearance is normal. Surgical XX on the XX XX well healed. Tenderness in the TFCC and the XX aspect. Palpation reveals no crepitus and no warmth. LROM in all planes with pain. Motor strength is normal XX. Motor tone is normal. Neurovascular function is intact. No symptoms of compartment syndrome: no out of proportion pain, no paresthesia, no pain with ROM distal to the injury, no pallor or pulselessness, and no paralysis. Negative Finkelstein test. Equivocal TFCC, XX grind test. Grip strength is decreased on the XX, normal on the XX. Start XX XX Gel. Start XX XX XX. Pain management referral.

XX: Consultation with XX. XX. XX has had XX total surgeries on XX RUE XX, complaining of significant pain. XX has been taking medications, XX has had PT and continued to have pain. XX is not XX at this time. On physical examination, XX XX sensitivity, some XX. I wish to get a triple-phase bone scan of XX RUE to look for symptoms suggesting complex regional pain syndrome XX. Also, pt is almost XX years out from injury. XX is still not working and in severe pain and needing medications and medical care. I think XX is a good candidate for chronic pain program, so we will ask for FCE and XX eval to be submitted. Pt will have XX for pain. XX and XX.

XX: FCE. Summary: XX. XX put in full effort. XX demonstrated the ability to perform within the Medium Physical Demand Category based on the definitions. XX is currently able to work full time. XX lifted XX lbs to below XX XX and XX lbs to XX height and XX lbs XX. XX carried XX lbs. pushing abilities were evaluated and XX pulled XX horizontal force lbs and pushed XX horizontal force lbs respectively. Non-material handling testing indicates XX. XX demonstrates an occasional tolerance for Static Balance, Ladder/Other, Pinching, Simple Grasping and Stair Climbing. XX demonstrated the ability to perform Dynamic Balance, Fine Coordination and Squatting with frequent tolerance. Above XX Reach, Bending, Sitting, Standing and Walking were demonstrated on a constant basis. The functional activities XX should avoid within a competitive work environment include XX XX. Job Match, I XX a VM at the number for the XX. At the time this report is written, I have not received a job description for comparison.

XX: XX Evaluation. BDI-II Score, 16. BAI Score, 19. SOAPP-R Score, 17. FABQ Score, Work Scale-41 out of 42 and Activity Scale-19 out of 24. The pain resulting from XX injury has severely impacted normal functioning physically and interpersonally. Pt reports XX and XX related to the pain and pain XX, in addition to decrease ability to manage pain. Pain has reported XX XX resulting in all XX XX areas. The pt will benefit from a course of pain management. It will improve XX ability to cope with pain, XX, frustration, and stressors, which appear to be impacting XX daily functioning. Pt should be treated daily in a pain management program with both behavioral and physical modalities as well as medication monitoring. These intensive services will address the current problems of XX, XX, and returning to a higher level of functioning as possible. The patient meets the criteria for the general use of multidisciplinary pain management program, according to ODG.

XX: UR by XX. Rationale- In this case, XX barriers are significant enough to sup enrollment to a chronic pain program given XX BAI score was in moderate range. The patient was currently performing at medium physical demand category; however, physical demand level ability mismatch was not identified in the report to justify the necessity of the request as the pt's required PDL was not documented to determine job mismatch. The provider has not received a job description for comparison. Non-Certified.

XX: UR by XX. Rationale- There were no additional medicals noting significant objective changes in the medical records submitted to overturn previous denial of the request.

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

The previous adverse decisions are Upheld. There is lack of documentation for XX a XX from XX, XX to XX, XX during which there were a reported XX surgeries to the XX XX. There is no detail regarding these procedures and subsequent treatment, particularly XX therapy - the number of visits, compliance with these visits, benefits of these visits, and instruction and compliance with a home exercise program. There is also question as to any attempts of functional rehabilitation programs and/or attempts to return to activity/work during this period of time.

Also, more recently given the consultation with the Pain Management specialist in XX, XX and suspicion of the diagnosis of XX, there is question regarding further work up and invasive procedures such injections/blocks. There is also question regarding follow up on newly prescribed medication during that consultation - particularly the anti-inflammatory XX, the XX XX, and the XX XX XX - their actual use, compliance with prescription, benefit and any adverse effects. The more recent Functional Capacity Evaluation demonstrated a Medium activity level, but there was no available job description to which to compare, and therefore no functional goals regarding the proposed chronic pain program. And in light of the chronicity of disability of over XX years with a date of injury of XX, there is question as to documentation of a vocational plan. More recent XX testing does document mild to moderate levels of XX, XX, and XX. However, again given lack of documentation during the post surgical period of XX, there is question as to any previous attempts/benefit of individual or group XX and/or pharmaceutical treatment for these issues. In light of the chronicity of the case, there is question as to documentation of XX goals regarding the proposed chronic pain program. Therefore, the request for XX sessions/XX hours of a chronic pain program is considered not medically necessary.

PER ODG.....

Chronic pain programs (functional restoration programs)

Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery."

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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)