

**True Resolutions Inc.**  
***Notice of Independent Review Decision***

Case Number: XX

Date of Notice: 3/4/2019 3:17:58 PM CST

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**True Resolutions Inc.**

An Independent Review Organization

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**IRO REVIEWER REPORT**

**Date:** 3/4/2019 3:17:58 PM CST

**IRO CASE #:** XX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** XX Sessions of Chronic Pain Management Program X XX units, XX X a week

**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:

- |                                               |                                |
|-----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

**PATIENT CLINICAL HISTORY [SUMMARY]:** XX. XX XX is a XX-year-old XX who was diagnosed with pain in the XX XX, gait abnormality and fracture of the XX XX XX. On XX, XX XX from an XX-XX XX and XX on the XX XX, injuring XX XX XX and XX XX. XX. XX had a functional capacity evaluation by XX, XX on XX to determine XX tolerance to perform work tasks. XX demonstrated the ability to perform within the Medium Physical Demand Category. XX was able to work full time. XX lifted XX pounds to below XX height, XX pounds to XX height and XX pounds overXX. XX carried XX pounds of weight. Pushing abilities were evaluated and XX pulled XX horizontal force pounds and pushed XX horizontal force pounds respectively. Non-material handling testing indicated an occasional tolerance for XX, fine co-ordination, repetitive

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kneeling and pinching. XX demonstrated the ability to perform dynamic balance, bending, firm grasping, sustained kneeling, simple grasping, squatting and walking with frequent tolerance. Above XX reach, forward reaching, sitting and standing were demonstrated on a constant basis. The functional activities XX should avoid within a competitive work environment included static balance and XX / other and stair climbing. During the evaluation, the XX rate was primarily limited and rose to unacceptable levels quickly. Based on that, XX evaluation might be warranted. Treatment to date included open reduction internal fixation of the intertrochanteric XX fracture and XX therapy. Per a utilization review determination letter dated XX, the request for XX sessions of chronic pain management program, XX units, was denied. Based on the clinical information submitted for the review and per evidence-based guidelines, chronic pain management program was recommended where there was access to programs with proven successful outcomes for patients with conditions that have resulted in delayed recovery. XX. XX demonstrated the ability to perform within the medium physical demand category. The Beck XX Inventory (BDI-II) scored a 30 and Beck XX Inventory (BAI) scored a 21. However, a clarification was needed as XX. XX's required work physical demand level (PDL) was not addressed to suggest a job XX. There was no clear objective evidence that physical capacity was insufficient to pursue work, family, or recreational need as it was also noted that XX. XX was able to work full time. Moreover, there was insufficient evidence of objective response to validate if the previous methods of treating chronic pain had been unsuccessful prior to considering the request. The work physical demand level (PDL) was medium and XX. XX's PDL on XX was medium as well. A significant PDL XX was not identified. Based on the information provided, guidelines reviewed and peer discussion, the request was not medically supported at the time and thus, non-certified. Per an appeal letter by XX, XX / XX, XX dated XX, XX. XX met XX PDL at lifting but was unable to lift over XX or XX ladders as reported also in the functional capacity evaluation and XX job's requirement as XX XX required XX to XX XX and lift over XX frequently as XX worked at an XX XX and often was writing over XX as when XX was injured on XX. XX had moderate and severe scores on XX and XX respectively and demonstrated a need for a chronic pain management program (CPMP) to help XX adjust and get back to work. XX work-related injury had been XX a XX and as shown on XX records and XX evaluation dated XX, XX had exhausted the lower level care and was a candidate for CPMP. XX was not able to fulfill XX job demands, lifting was not the only requirement of XX job. XX had a job to go back to and wanted to go back to work. A letter dated XX indicated that the reconsideration request for chronic pain management program, XX units was denied / non-certified. It was determined that exhaustion and failure from conservative treatments were not evident since there was no medication history and response as well as incomplete XX therapy reports provided. Therefore, prior non-certification was upheld.

### **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 Chronic Pain Management Program XX units, XX times per a week is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review determination letter dated XX, the request for XX sessions of chronic pain management program, XX units, was denied. Based on the clinical information submitted for the review and per evidence-based guidelines, chronic pain management program was recommended where there was access to programs with proven successful outcomes for patients with conditions that have resulted in delayed recovery. XX. XX demonstrated the ability to perform within the medium physical demand category. The Beck XX Inventory (BDI-II) scored a 30 and Beck XX Inventory (BAI) scored a 21. However, a clarification was needed as XX. XX's required work physical demand level (PDL) was not addressed to suggest a job mismatch. There was no clear objective evidence that physical capacity was insufficient to pursue work, family, or recreational need as it was also noted that XX. XX was able to work full time. Moreover, there was insufficient evidence of objective response to validate if the previous methods of treating chronic pain had been unsuccessful prior to considering the request. The work physical demand level (PDL) was medium and XX. XX's PDL on XX was medium as well. A significant PDL mismatch was not identified. Based on the information provided, guidelines

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reviewed and peer discussion, the request was not medically supported at the time and thus, non-certified. Per an appeal letter by XX, XX / XX, XX dated XX, XX. XX met XX PDL at lifting but was unable to lift over XX or XX XX as reported also in the functional capacity evaluation and XX job's requirement as XX XX required XX to XX XX and lift over XX frequently as XX worked at an XX XX and often was writing over XX as when XX was injured on XX. XX had moderate and severe scores on XX and XX respectively and demonstrated a need for a chronic pain management program (CPMP) to help XX adjust and get back to work. XX work-related injury had been XX a XX and as shown on XX records and XX evaluation dated XX, XX had exhausted the lower level care and was a candidate for CPMP. XX was not able to fulfill XX job demands, lifting was not the only requirement of XX job. XX had a job to go back to and wanted to go back to work. A letter dated XX indicated that the reconsideration request for chronic pain management program, XX units was denied / non-certified. It was determined that exhaustion and failure from conservative treatments were not evident since there was no medication history and response as well as incomplete XX therapy reports provided. Therefore, prior non-certification was upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for a tertiary level program. There is no documentation of lower levels of XX treatment despite severe XX and moderate XX. Given the documentation available, the requested service(s) are upheld and considered not medically necessary in accordance with current evidence-based guidelines.

### **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