



**DATE OF REVIEW:** 4/19/07

**IRO CASE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

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

Determine the appropriateness of the previously denied request for 20 sessions of chronic pain management program.

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

Texas Licensed Physician in Pain Management/Anesthesiology.

**REVIEW OUTCOME**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

[Check only one of the boxes above.]

Previously denied 10 sessions of chronic pain management program.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- **Notice of Assignment of Independent Review Organization dated 4/17/07, 1 page.**
- **Notice to CompPartners, Inc. of Case Assignment dated 4/17/07, 1 page.**
- **Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 4/17/07, 1 page.**
- **Cover Letter dated 4/17/07, 1 page.**

- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 4/16/07, 1 page.**
- **Company Request for IRO Form dated 3/22/07, 5 pages.**
- **Request for a Review by an Independent Review Organization dated 4/13/07, 3 pages.**
- **Request for Pre-Authorization and Concurrent Review per TWCC Adopted Rule 134.600, dated 4/5/07, 3/23/07, 2 pages.**
- **Fax Cover Sheet/Comments/Message/Authorization Request dated 4/19/07, 4/17/07, 4/16/07, 4/13/07, 4/5/07, 3/23/07, 7 pages.**
- **Appeal Request Letter dated 4/18/07, 1 page.**
- **Mental Health Evaluation dated 3/20/07, 6 pages.**
- **Determination Notification Letter dated 4/9/07, 3/28/07, 4 pages.**
- **Request for Reconsideration dated 4/4/07, 2 pages.**
- **Pre-Authorization Request dated 3/23/07, 2 pages.**

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

**Patient 's age:**

**Gender:** Female

**Date of Injury:**

**Mechanism of Injury:** Motor vehicle accident (MVA).

**Diagnoses:** Chronic neck pain; status-post cervical fusion, C5-7 level; chronic pain behavior (depression).

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

A review of the information submitted indicated that this patient had an extensive work injury involving the cervical spine and left shoulder. The claimant underwent an initial period of conservative treatment consisting of physical therapy and medication management. Due to continued complaints of neck pain, an MRI was performed of the cervical spine on 6/15/06, which reportedly revealed posterior left paracentral disk pathology associated with marginal spondylosis impinging on the left anterior thecal sac and moderate disk space narrowing at C5-6 level with no disk bulge/herniation noted. A left shoulder MRI, performed on 1/31/06, revealed moderately severe tendinosis/tendinitis of the supraspinatus component of the rotator cuff, affecting primarily the inferior articular surface. The patient eventually required a surgical intervention in the form of a cervical fusion at level C5-7, performed on 10/25/06 by Steven Esses, MD. Following this, the patient underwent post-surgical rehabilitation, physical therapy, activity restriction, and individual psychotherapy sessions. A mental health evaluation, performed on 3/20/07, revealed that this patient was suffering from clinical features of reactive depression with a Beck Depression Inventory score (BDI) of 24/63. The claimant continues with significant pain and disability. In addition, this claimant was unable to function, out of work, unable to deal with stress, and unable to perform activities of daily living (ADL) without discomfort. Current medication management consists of Ultram, Motrin, and Cymbalta. Finally, in spite of multi-modality conservative treatment, surgical intervention, and post-operative rehabilitation,

the patient continued to experience severe bouts of neck pain. Of note, no further surgery is expected and all other treatment options have been exhausted. After reviewing the documentation submitted, it is the opinion of this reviewer that this claimant is entitled to at least a modified certification with 10 sessions of chronic pain management program for the following reasons:

1. To improve the outcome of the patient's condition.
2. Decreasing need for further surgery.
3. Decrease in the current medications.
4. Failure of multi-modality conservative treatment.
5. Inability to maintain activities of daily living.
6. Inability to pursue occupational therapies.
7. Significant depression with inability to deal with chronic pain.

Of note, treatment would not be appropriate beyond two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

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

[Check any of the following that were used in the course of this review.]

- 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 CHRIOPRACTIC QUALITY ASSURANCE AND 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).

1. Official Disability Guidelines, Treatment Index, 5<sup>th</sup> Edition, 2006/2007, Pain Section-Chronic pain programs.
2. Pain Management Textbook, entitled Pain Medicine: A Comprehensive Review, 2nd Edition, Chapter 11, edited by P. Raj, M.D.
3. Article entitled "Co-Existing Psychological Factors," by Beleg, et al in Practical Pain Management, September/October 2004, Volume 4, Issue 5.

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.**