

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 7, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

80 additional hours of chronic pain management program

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

Certified by the American Board of Physical Medicine and Rehabilitation and specialized in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Peer reviews, 06/14/07, 07/12/07
Letters from, MD, 07/25/07, 06/29/07, 04/13/07
Letter from, M.ed, 06/07/07
Evaluation from, M.ed, 04/05/07
Letter from, esquire, 07/23/07
Status Report, 01/17/06, 01/09/06, 01/04/06, 12/29/05, 12/30/05
MR arthrogram right wrist report, 02/01/06
Right wrist intra-articular injection report, 02/01/06
Consult by, MD, 03/06/06
Electromyography Report, 09/12/06
Functional Capacity Report, 09/19/06
Letter from, MD, 01/09/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a gentleman who was injured while working as a . He fell forward onto an outstretched hand injuring the right wrist. An MR arthrogram of 02/01/06 was negative as was an EMG on 09/12/06. Treatment has included physical therapy, some medications and an injection. He has also had individual psychotherapy and antidepressants. At the time of his evaluation he was on Zoloft 50 mg and Tramadol. Symptoms included sad mood, pessimism, disturbed sleep, decreased appetite, decreased affect and depressed mood. Pain questionnaire rated pain 2 out of 5 or a period of 5 out of 10. He has so far completed at least seven sessions of his pain program. This program includes individual psychotherapy, group psychotherapy, biofeedback, vocational counseling, nutritional counseling, exercise and aquatic therapy. The interim report indicated that Beck depression inventory had decreased from 17 out of 63 to 13 out of 63 but the rating of 17 out of 63 was noted as mild. Beck anxiety inventory was 18 out of 63 and that decreased to 13 out of 63. It was also indicated that his pain level had decreased from 8 out of 10 to 5 out of 10.

The Reviewer has reviewed Dr.'s letter of 07/25/07. In that, he states that the claimant has demonstrated improvement with treatment achieving lower levels of depression and anxiety, lower pain levels, less medication usage, less avoidance behavior and less isolation. His depression level decreased from 17 to 13 and anxiety level from 18 to 13, but the Reviewer would note that these scores are quite low to begin with and that the differences are fairly minor. He may be taking less pain medication but he was already taking only Tramadol to begin with. He lists goals as eliminating daily use of pain medication which does not seem to be an important goal given his already very low usage of non-narcotic medications. The Reviewer would certainly applaud the progress that he has already made in his 80 hours and would expect him to have learned a skill set that he can continue as a follow up to this treatment.

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

This gentleman presented with some very mild psychological issues around his pain. He may have learned some good skills in his initial 80 hours but the Reviewer doubts that further treatment will cause a substantial difference in his functional level. Therefore, 80 additional hours of chronic pain management program is not found to be medically necessary.

Official Disability Guidelines 2007 Updates: Pain

Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

- (1) An adequate and thorough evaluation has been made.
- (2) Previous methods of treating the chronic pain have been unsuccessful.
- (3) The patient has a significant loss of ability to function independently resulting from the chronic pain.
- (3) The patient is not a candidate where surgery would clearly be warranted.
- (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly

basis during the course of the treatment program. Treatment is not suggested for longer than 2 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:

- 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)