

# IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 10, 2007

**IRO CASE #:**

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

Pain management five times a week for four weeks

**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**

Designated Doctor's Examination by Dr. Weigel 01/30/07

Mental Health Evaluation 06/19/07

Pre-authorization request 06/29/07

Denial Letter 07/06/07

Request for Reconsideration 07/13/07

Denial Letter 07/20/07

Request for Appeal 07/31/07

Letter by Dr. 08/02/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The medical records indicate that the claimant is a male who was involved in a work related injury. A piece of metal struck him in the mid palm region of his left hand, causing pain and

swelling. He underwent physical therapy, medication and steroid injection in left radial wrist, which was ineffective. He was later diagnosed with significant underlying arthritis and Kienbock's disease. No surgical intervention was recommended. An MRI of the left wrist indicated subcondylar cystic lesions in several carpal bones, diffuse erosive changes and a vascular necrosis of the lunate. Nerve conduction studies showed an incidental finding of bilateral carpal tunnel syndrome. Physical examination showed decreased range of motion of the left wrist. Mental Health Evaluation by LPC, indicated that depression inventory score was 38/63, falling within the severe range. Beck anxiety index was 20/63 which is moderate. The claimant already had a brief course of individual psychotherapy and he was noted to be on Cymbalta 60 milligrams.

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

There are a couple of issues in this case:

1. It is not clear whether the claimant has undergone surgical evaluation with a hand specialist. There are procedures which can be done depending on the level or stage of the disease for this diagnosis. This should certainly be fully explored and would be a way of definitely treating this problem, at least the pain issues.
2. The other issue is that it appears this gentleman is severely depressed. He continues to be severely depressed on his current anti-depressant regime, Cymbalta and had already had some psychotherapy which did not appear to have been helpful. Therefore, an adequate and thorough evaluation of his depression has not been made. Additionally, if he has not had a surgical evaluation with a hand specialist, the Reviewer cannot say that an adequate and thorough evaluation of his underlying problem has been made. The criteria for the general use of multidisciplinary pain regimen programs require that an adequate and thorough evaluation has been made, which does not appear to be the case. Additionally, previous methods of treating the pain have been unsuccessful. This may be the case, but it does not appear that he has undergone many of the usual treatment options available. Criteria #4 indicates that the patient is not a candidate where surgery would clearly be warranted. It is not known whether he is a candidate for surgery at this time.

Four times five sessions of pain management are not considered medically necessary for the reasons listed above.

Official Disability Guidelines 2007 Updates: Pain

Recommended where there is access to programs with proven successful outcomes.

**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.
- (4) 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.

Inpatient admissions for pain rehabilitation may be considered medically necessary only if there are significant medical complications meeting medical necessity criteria for acute inpatient hospitalization.

**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)**