

IRO America Inc.

An Independent Review Organization
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DATE OF REVIEW:

12/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten additional days of Chronic pain management program

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

Clinical psychologist; Member American Academy of 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

No ODG Guidelines

04-27-06 Evaluation Centers – RME
12-20-06 LPC – Behavioral Medicine Re-eval
05-22-07 evaluation Centers – RME
05-25-07 Diagnostics – FCE - Medium
09-18-07 DO – Consultation note
11-02-07 PT – Physical Therapy Evaluation
09-19-07 Physical Performance Evaluation; Diagnostics
11-12-07 PhD – Denial letter
11-07-07 Health – Response to denial
11-29-07 Health - Reconsideration Request
12-07-07 PhD – Denial letter

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old male who was injured on xx/xx/xx performing his regular job duties as a . Reports indicate he was injured at work while pulling on heavy equipment. Patient experienced immediate pain in his left shoulder, neck and back. He received appropriate diagnostics and interventions to include: MRI's, physical therapy, injections, EMG, ESI's, individual therapy, medications, work hardening and 20 days of chronic pain management program. It is stated that surgery has been ruled out, but IR report of 6-1-07 states that surgical repair of the left shoulder may be necessary and 09-19-07 report by Dr. diagnoses possible left ulnar nerve entrapment. FCE done in May of 2007 shows patient performing at the Medium PDL, and recommends work conditioning program to return patient to work. No job description from the employer is provided, and it is unclear from the requestor's reports if the patient needs to return at a Medium, Medium-Heavy, or Heavy PDL. (One report says Heavy and another says Medium-Heavy). The evaluation opined that he could return to work at a Medium level, with overhead lifting restrictions.

Patient did participate in work hardening, but did not complete goals due to pain. He has currently finished 20 days of CPMP, and continues to be at a Medium PDL. Per report, majority of the goals for the program have been met, with patient showing within normal limits measures on everything except pain perception, which has decreased from 8/10 to 7/10.

Patient currently carries diagnoses of : MDD, chronic pain disorder, myofascial pain, shoulder strain/sprain, brachial neuritis, cervical IDD without myelopathy, and possible ulnar nerve entrapment. Medications include Hydrocodone 10/325 mg bid, Flexeril 1 qd, and Celexa.

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

Patient has obviously plateaued with regard to his physical demand level, since this has not changed appreciably since May. Patient has demonstrated improved overall functioning despite continued high perception of pain. Since the goal of a pain program is functional restoration despite pain, this score becomes less significant and actual increase in functioning is what is expected, which has happened.

Specifically, the 11-29-07 summary report shows patient scores across all categories at a 0, 1, or 2 out of 10 ranges. Muscle tension is reported at a 5/10, but is reported at a 2/10 on the 11-07-07 report. These scores are considered well within normal limits, and therefore no further services appear to be reasonable or necessary at this time.

With regard to additional days being applied over the customary 20 days, the patient would need to meet outlier status, meaning a very complicated case where expectation for continued significant improvement would allow for another 5-10 days of programming. Patient in this case does not appear to meet these criteria.

See ODG Pain section and ACOEM (Sanders, et al.) duration of CPMP

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)