

P-IRO Inc.

An Independent Review Organization
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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: 12/16/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

In dispute is an additional 10 sessions of a Chronic Pain Management; 5 times a week for 2 weeks.

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

Reviewer is Board Certified in Family Practice with a certificate of added qualification in Sports Medicine

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

ODG Guidelines
Initial Mental Health evaluation of patient by Center 7/31/07
Preauthorization request for pain management, 8/10/07
Appeal to Utilization Board for 20 sessions of Chronic pain management program, 8/23/07
Concurrent reports from clinic: 9/19/07, 10/16/07
Appeal to Utilization review for additional sessions, 10/26/07
Notices of determination, 10/22/07 and 11/5/07
Letter to IRO 11/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient's clinical history was obtained from the summary of the clinic as there were no clinical notes included concerning treatment and course of the initial injury.

The patient reportedly injured his right hand when he got it caught in a conveyor belt at work. He sustained fractures of 2 digits and lacerations. He reportedly received medications, physical therapy and individual psychotherapy prior to his entering the Chronic pain management program. In addition to chronic pain he was diagnosed with anxiety and depression. Beck Inventories on depression and anxiety were done prior to the pain management program, 7/31/07 as well as during the program, 9/19/07 and 10/16/07. Patient reportedly was not able to return to work at the end of the pain management program.

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

The issue in this case is not whether a pain management program should be started but whether there is a medical necessity for 10 more sessions of the program. The ODG guidelines do not specify the number of sessions needed specifically for any particular problem. One must look at the severity of injury, treatment received prior to the pain management program as well as that received in the program.

The patient's injury was fractures and lacerations of the phalynxes of his right hand. There are no clinical notes, so one must ascertain that there was nothing extraordinary about the injuries. The patient did develop chronic pain and psychological problems regardless. The patient received what one would consider extensive treatment to address his chronic pain. This included PT, medications, and individual psychotherapy prior to 20 sessions of a comprehensive pain management program. The pain management program included individual psychotherapy, group psychotherapy, biofeedback, vocational counseling, nutritional counseling, exercise and physical therapy. His goals were to improve global functioning and decrease his Beck anxiety and depression inventories by 10-15 points.

In this case, this patient did improve his Beck anxiety and depression inventories as well as his global functioning. Although we do not know if he would continue to improve with further time in the program, he has received more than the medically necessary treatment for his level of injury. He should have had ample time to acquire the skills/self treatment that he needed to continue to get better. There was no injury data presented to the reviewer to support further treatment for this patient with this injury.

Therefore, the reviewer agrees with the prior decision and does not approve 10 additional sessions.

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)