

# True Resolutions Inc.

An Independent Review Organization  
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Notice of Independent Review Decision

**DATE OF REVIEW:**

12/25/2007

**IRO CASE #:**

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

Chronic pain management program for 10 additional days

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

M.D., Board Certified in Pain Management and 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

No ODG Guidelines  
Health-12/06-11/07  
-9/25/07  
WAC-8/29/07  
-2/26/07  
Peer Review-2/18/07  
Carrier Correspondence-11/14/07; 11/21/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was injured while on the job on xx/xx/xx. The patient ended up having an injury to the left arm, left hand, left elbow and neck "due to repetitive motion work duties." The patient also had carpal tunnel syndrome from his work-related injury. The patient ended up receiving surgery on the left wrist and left elbow on 08/29/06. The patient also completed a total of 12 sessions of

individual psychotherapy and also participated in a work hardening program. The patient was unfortunately unable to progress through the work hardening program because of “persistent pain.” The patient has already undergone 10 days of a chronic pain management program.

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

Per the *Official Disability Guidelines*, a chronic pain management program “is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.” It is noted that on the date this patient was evaluated for progress in the chronic pain management program he had completed a total of seven days. When comparing the first day to the seventh day, there was no change in the patient’s psychological functioning other than a 13% reduction in pain symptoms. It is noted that this patient is a customer service representative. From a physical standpoint, the patient has shown improvement with range of motion of the left elbow and left wrist. It should be noted that the improvement is somewhat minimal. Despite this, the patient currently has enough physical strength to be a customer service representative. His main issues at this point appear to be more psychological in nature. Therefore, continuation of a chronic pain management program would probably not benefit this patient. Therefore, since not much benefit has been seen over the first two weeks, the *Official Disability Guidelines* do not suggest further treatment.

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**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)**