

# P-IRO Inc.

An Independent Review Organization  
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**DATE OF REVIEW:** JULY 17, 2007

**IRO CASE #:**

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

Chronic pain management program times ten sessions

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

MD Board Certified in PM & R 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

IRO Case Assignment from TDI  
Evaluation 04/09/07  
Peer review 04/19/07, 05/17/07  
Attorney letter 07/05/07  
Letter 7/5/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is d woman with chronic back and leg pain. She was injured on the job while working as a . Her right leg gave way on a step and she fell backwards landing on a step. She was diagnosed with an L2-3 injury. She eventually underwent a lumbar fusion at L2-3 in the year 2000 which failed to provide relief. Subsequently, she had a

simulator implant in 2003 which gave her short term improvement but this was removed in January 2007. Other treatments have included physical therapy, chiropractic treatment, some form of cortisone injection, Hydrotherapy, acupuncture and a work conditioning program. Many of these afforded temporary relief but nothing long lasting.

The claimant was evaluated by LP-C on 04/09/07. Her report indicates that she returned to work on and off in 2003 until 2004. Ms. stated that the claimant was motivated to return to work. Her medications were Celebrex, Lyrica, OxyContin, Norco (Hydrocodone) and Lunesta. She described the claimant's pain as burning, stabbing and radiated down both legs, left greater than right. She exhibited pain behaviors such as sitting with hands behind back and standing due to pain. The pain was increased by sitting and improved by laying flat. It was described as burning, sharp, shooting, stabbing, exhausting, excruciating, aching, throbbing and tender and that she was restricted in walking, lying, standing, sleeping, lifting, sitting, bending, twisting, stooping, driving, performing household chores and going out. Current pain and average pain was 9 out of 10, 100 percent of the time. She tended to be inactive and socially isolated. She noted previous mental health treatments in 1991 with a diagnosis of depression and no inpatient hospitalizations. Psychologic symptoms were reported as difficulty sleeping, moderate fatigue while her mental status was noted as showing agitated behavior, dysphoric mood, teariness and flat affect. Planned interventions included support of psychotherapy therapy with empathic listening, cognitive behavioral psychotherapy, motivation interviewing, facilitation of grief process, biofeedback, self regulation, assessing pain level, promoting self efficacy, visualization and guided imagery, strengthening support systems, coping skills training, anger management, assertiveness training, utilization of self monitoring records, pain management training, stress management and other behavior management skills. Functional capacity evaluation showed her functioning at a sedentary level with extremely limited active range of motion of the lumbar spine and unable to complete three of six NIOSH lifts due to increased pain and she was off work for seven years. Initial review by, PhD was adverse. It was pointed out that she had moderate depressive symptoms and participating in a work conditioning program and individualized psychotherapy without success. She had premorbid psychiatric conditions. It was felt that her premorbid psychiatric condition was not adequately assessed as recommended by the guidelines. An appeal was done by M.D. This was also adverse. Reasons given were insufficient psychiatric evaluation, possible personality disorder which was not fully explained

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

Based on the Official Disability Guidelines criteria for general use of multidisciplinary pain management programs for Texas cases, adequate and thorough evaluation must be made. It does not appear that this is true in this case. There are psychological issues which have not been fully evaluated or treated and these issues would make success in a pain management program much less likely. Other factors that make the claimant a poor candidate for success in a chronic pain management program include: the long period of disability since her initial injury – eight years, high levels of psychosocial stress, high pretreatment pain levels and prevalence of opioid use. Given the above factors, mainly the insufficient evaluation of her premorbid and existing psychiatric issues and her poor candidacy for a chronic pain management program, the decision is

to uphold the denial. The chronic pain management program in question is not considered medically necessary.

**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)