

DATE OF REVIEW: 06/27/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of chronic interdisciplinary pain management.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Board Certified

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed an evaluation by the LPC dated 08/18/06. At that time patient showed signs of depression with mood, interest, weight, sleep, and feelings of hopelessness. She showed signs of anxiety, worry, fatigue, loss of concentration, irritability, muscle tension, and sleep. Although these symptoms are directly taken from the report, they appear to be incomplete sentences or, at best, have grammatical errors in them. Her Beck Anxiety Inventory was 35, which shows severe anxiety. Beck Depression Inventory, which was 38, also showed severe depression.
2. I reviewed a treatment update of 02/15/07 authored by the physical therapist. This pertained to work hardening that took place. Patient was found to be able to work at a sedentary level.
3. I reviewed a 04/02/07 report orthopedic surgeon.
4. I reviewed a 04/20/07 report.
5. I reviewed a 05/29/07 request for four sessions of individual counseling.
6. I reviewed a report from 04/25/05
7. I reviewed a 04/26/07 report from the psychiatrist.
8. I reviewed a document entitled Physician Advisory Criteria with a diagnosis of chronic pain syndrome.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a injured employee who slipped and fell while on her job, resulting in complaints of neck and low back pain. She had undergone low back surgery in January and again in May. She had neck surgery in. She has undergone therapy in the past including exposure to the chronic interdisciplinary pain program prior to her surgeries. The notes reflect that

her low back surgery was on xx/xx/xx and was a lumbar fusion, and her cervical fusion was on xx/xx/xx. She underwent physical therapy as well as pain management after the surgeries.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The injured employee has had adequate exposure to traditional strategy in dealing with chronic pain, both to mitigate the effects of the injury resulting in the pain as well as teaching strategies to deal with pain that cannot be otherwise eliminated. She has been through the chronic interdisciplinary pain program in the past, even though before her surgery, the teaching that she learned would carry forward to her current situation. She has definite psychological issues that need to be addressed, and this can be accomplished with psychiatric and/or psychological counseling outside of the interdisciplinary pain program. I do not believe she requires a chronic interdisciplinary pain management program for the reasons noted above, specifically, her prior exposure to the treatment modalities of the chronic interdisciplinary pain program as well as the “severe” depression and anxiety recorded in her previous treating doctor’s notes.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guideline