

# Clear Resolutions Inc.

An Independent Review Organization  
7301 Ranch Rd 620 N, Suite 155-199  
Austin, TX 78726

## DATE OF REVIEW:

JUNE 5, 2007

## IRO CASE #:

## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 sessions of chronic pain management

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

M.D. Board Certified

## 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

Office note, LPC, 03/08/07  
Request for 20 sessions, 03/12/07  
Office notes, Dr., 03/12/07, 04/03/07 and 05/29/07  
SRS denial of request, 03/15/07  
SRS peer review, 04/10/07 and 05/03/07  
Request for appeal, 05/22/07  
Prescription, 04/03/07  
Request for Pain Management, undated  
Notice to clear resolutions, 05/24/07

## PATIENT CLINICAL HISTORY [SUMMARY]:

The Patient is a female injured on xx/xx/xx when she slipped in oil and twisted her body. Clinical records start with a 03/08/07 evaluation. On 03/08/07 the Patient was seen by, LPC, for a mental health evaluation and to determine her suitability for a pain management program. It was noted that the Patient had been seen in the clinic in 10/06 where an MRI of the cervical spine

was reviewed and showed some degenerative changes at C5-6 and 6-7 with neural foraminal stenosis. A lumbar MRI was reported to have been negative. Treatment has consisted of therapy, medications, injections and brief psychotherapy. At the time of that visit the Patient was taking Cymbalta, Darvocet and Motrin. Ms. noted that the Patient could do only light chores, felt sad and had a loss of pleasure. During the interview the Patient was tearful and emotional. The Patient indicated that she should participate in any treatment that would help her to recover. The impression was neck and back injury, pain disorder from a psychological and medical aspect and major depression. The Patient was felt to be a candidate for a pain management program.

Dr. authored several letters noting that the Patient had chronic pain and functional deficits and depressive reaction. She felt the Patient did not have adequate pain and stress management skills and that other treatment options had been exhausted. Dr. noted that the Patient understood that this would be the final phase of treatment and requested 20 sessions of chronic pain management.

On 05/29/07 Dr. authored a final letter noting that the Patient had chronic pain and functional deficits with a secondary depressive reaction. Individual psychotherapy and anti-depressants had helped but had not resolved her depressive reaction. She noted the Patient did not have the skills to function in constant pain. Her BDI was 37/63 and her BAI was 33/63. Dr. felt that the Patient needed pain and stress management and as well as to undergo vocational readjustment.

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

The Patient is a who injured her back in a slip and fall on xx/xx/xx. In review of the records, the signs and symptoms do not correlate with her pain. Depression is a strong component of her presentation and this appears to be a program to address only the psychological aspects.

Based on the records provided, the request for 20 sessions of pain management appears egregious. The records would support only an initial evaluation and quantification of validity with MMPI would be indicated as the records reviewed do not make it easy to see the validity of her depression. Following an initial evaluation and quantification presentation of a formal treatment plan would be necessary with benchmarks of improvement to validate continued treatment. Patient participation would have to be evident and documented thoroughly.

Based on the records provided the request for 20 sessions of pain management cannot be recommended as 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  
Official Disability Guidelines Fifth Edition Treatment in Worker's Comp 2007 Updates, Pain-Chronic Pain Programs:  
 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)