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AMENDED Notice of Independent Review Decision

**DATE OF REVIEW: 15/11/07****IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Preauthorization for chronic pain management program services at 8 hours per day for 4 days per week for 4-8 weeks.

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

This case was reviewed by a board certified psychiatrist on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

**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)

<i>Primary Dx Code</i>	<i>Service Being Denied</i>	<i>Units</i>	<i>Type Review</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
729.5	97799	40	Prospective					Uphold

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for Independent Review by an Independent Review Organization forms – 4/30/07
2. Determination Notices – 3/16/07, 4/5/07

3. PA Appeal Reviews – not dated
4. Behavioral Health Associates Records and Correspondence – 7/19/05-3/29/07
5. MD Records and Correspondence – 1/10/07-2/26/07
6. Echocardiogram Report –1/25/07
7. MD Records and Correspondence – 12/13/06
8. Diagnostic Records and Correspondence – 12/11/06
9. MD Records and Correspondence – 5/31/06-6/14/06
10. BHI 2 Records and Correspondence – 2/16/07
11. Physician Consultants Records and Correspondence – 8/31/06
12. Services, inc. Records and Correspondence – 2/3/06
13. Chronic Pain Management Program Records and Correspondence – 3/12/07
14. Functional Capacity Evaluation – 2/8/07

**PATIENT CLINICAL HISTORY:**

This case concerns an adult female who sustained a work related injury. Records indicated that while opening, moving and lifting boxes at work she injured her neck, hands, wrists, arms, back and legs. Records indicate she developed bruising, swelling and a lump. Diagnoses have included carpal tunnel, tendonitis of the shoulder, cervical disc herniation, fibromyalgia, back pain, chronic pain syndrome, and major depressive disorder. Evaluation and treatment for this injury has included medications, surgery, and chiropractic services.

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

In spite of persistent elevations on her depression interventions, and a diagnosis of psychotic depression, the patient is only on Elavil 50 mg daily and Seroquel 50 mg at bedtime. According to the records, her psychiatric symptoms have improved on the latter medication. The patient has a myriad of non-specific complaints and is noted to have fibromyalgia. The records fail to establish that her somatic complaints are related to the injury. Furthermore, she cannot be said to have failed conservative therapy as the only treatment noted in the record was a homeopathic dose of Elavil for severe depressive symptoms. The Official Disability Guidelines (ODG) does not indicate chronic pain management for stress related conditions. The chronic pain management program for this condition is not indicated for treatment of her condition according to the ODG guidelines.

Therefore, the requested chronic pain management program service (8 hours per day x 4 days per week x 4-8 weeks) is not medically necessary for treatment of the patient's condition.

**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)**