

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: 11/09/07/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program 5x2

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

Clinical psychologist

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

06-29-04 MRI right shoulder; Imaging
09-09-04 Right knee MRI; MD
10-13-05 Initial H&P- Pain Control
11-08-06 Office notes; MD
04-06-07 MRI of the right shoulder; MD
04-18-07 Behavioral medicine request for IT x 6; PhD
07-20-07 Chronic Pain Management Program request; PhD
07-20-07 Chronic pain management goals of treatment signed by patient and treatment team
07-31-07 Chronic pain H&P; DO
08-24-07 Required medical examination; MD
09-07-07 Physical therapy evaluation; PT

09-07-07 Request for 10 additional CPMP days; LPC
09-13-07 Denial letter from insurance company physician-unsigned
09-20-07 Reconsideration request; LPC
09-27-07 2nd Denial letter - unsigned

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured performing her job duties as a . Patient was in the process of standing from a seated position to put a box on the ramp when her foot became entangled in an air hose, causing her to trip. In falling, she landed with most her weight on her right shoulder, right hand, and right knee. Patient felt immediate pain, and was seen by the company doctor. On 06-29-04, she received her first MRI of the right shoulder. On 7-19-04, she was terminated from her company. Over the course of her injury, patient has received 3 failed shoulder surgeries and one failed knee surgery, injections, physical therapy, individual psychotherapy, medication management, and 20 days of chronic pain management program. She currently carries diagnoses of 719.41- chronic right shoulder pain; 719.48- chronic right knee pain; 296.23- MDD, severe; 307.89-Pain disorder; 717.0-Old bucket handle tear of medial meniscus; 718.01- articular cartilage disorder; 722.71 – intervertebral disc disorder with myelopathy, cervical region. Current medications include: Norco, Lyrica, Zanaflex, Celexa, and psychotropics prescribed by an outside physician. She is awaiting a right total knee replacement currently, and her surgeon predicts she will need a total shoulder replacement in about 4 years.

On 6/28/06, she was evaluated by MD, as an independent evaluator. He summarized the case by stating that “this is a very difficult and complex and complicated problem”... and that the patient will need “lifetime” care for her disabilities. His impression was that the knee replacement and shoulder replacement surgeries were probably medically necessary, and that “she needs help to cope with the complications that have arisen” and will need ongoing orthopedic and medication management.

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

Patient is obviously a chronic pain patient and meets ODG and ACOEM criteria for a chronic pain program. Although 20 days is generally established as meeting the requirements for most patients, more can be requested in severe cases, as this one seems to be. Patient’s RME report states that she will need lifetime care to include pain management, orthopedic surgeries, and ongoing support for coping. Per TDI definitions, her case can be considered an outlier, as she is more complex than most patients. With the first 20 sessions, patient has been able to increase her PDL from below sedentary to sedentary, has reduced family discord, overall depression, and improved her sleep and ADL’s. Pain reports will be less significant in this case than actual increases in functioning, which have begun to occur. It appears that the best hope for the patient to return to some sort of ability to self-care and be productive is from such a program.

ODG requires that these services be rendered by a program with proven results, and a CARF-accredited program meets these requirements.

Patient has had numerous adequate and independent evaluations, previous treatment methods have been unsuccessful, she has a significant loss of ability to function independently resulting from the chronic pain, she will need lifelong care, and she appears to exhibit motivation to improve. As such, the requested 10 sessions meet criteria for reasonableness and medical necessity.

ODG recommends CPMP for this type of patient, and ODG supports using the BDI and BAI, among other tests, to establish baselines for treatment.

Bruns D. Colorado Division of Workers' Compensation, Comprehensive Psychological Testing: Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. 2001.

See also:

Mayer TG, Gatchel RJ, Mayer H, Kishino ND, Keeley J, Mooney V. A prospective two-year study of functional restoration in industrial low back injury. An objective assessment procedure. *JAMA*. 1987 Oct 2;258(13):1763-7.

McGeary DD, Mayer TG, Gatchel RJ, Anagnostis C. Smoking status and psychosocioeconomic outcomes of functional restoration in patients with chronic spinal disability. *Spine J*. 2004 Mar-Apr;4(2):170-5.

Sanders SH, Harden RN, Vicente PJ. Evidence-Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Nonmalignant Pain Syndrome Patients. World Institute of Pain, *Pain Practice*, Volume 5, Issue 4, 2005 303–315.

Haldorsen EM, Grasdal AL, Skouen JS, Risa AE, Kronholm K, Ursin H. Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain*. 2002 Jan;95(1-2):49-63.

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)