



DATE OF REVIEW: 9/6/07

REVISED DATE: 9/13/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied request for outpatient chronic pain management program x10 sessions.

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

Texas Licensed Anesthesiology M.D.

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)

The previously denied request for outpatient chronic pain management program x10 sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- **Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 8/28/07.**
- **Notice to CompPartners, INC. Of Case Assignment dated 8/28/07.**
- **Fax Cover Sheet dated 8/28/07, 8/23/07.**
- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO).**
- **Request Form dated 8/22/07.**
- **Preauthorization Review Summary dated 8/6/07, 7/17/07.**

- **Authorization Request dated 8/5/07, 7/27/07, 7/18/07.**
- **E-Mail dated 7/17/07.**
- **Denial Letter dated 7/17/07.**
- **Chronic Pain Management dated 7/11/07.**
- **Chronic Pain Management Program Individualized Daily Treatment Plan dated 7/11/07.**
- **Treatment Progress Report dated 6/26/07.**
- **Prescription dated 6/22/07.**
- **Office Visit dated 6/22/07, 5/31/07, 4/12/07, 3/29/07, 1/26/07.**
- **Texas Workers' Compensation Work Status Report dated 6/22/07.**
- **Functional Capacity Evaluation dated 6/8/07.**
- **OT Daily Note dated 4/9/07.**
- **Operative Report dated 2/2/07.**
- **Functional Activities dated (unspecified).**

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Performing repetitive movements as a .

Diagnosis: Bilateral carpal syndrome.

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

The patient is a male who sustained a work-related injury involving the left upper extremity and neck, secondary to performing repetitive type movements while employed as a . From the information submitted, it appears that the patient underwent a left shoulder surgery (SLAP repair) on 2/2/07. Of note, the timeframe of this patient's treatment documentation submitted only included the year 2007. Medical treatment prior to this was extremely limited. Pertaining to the patient's neck pain, there was no clinical/objective information relating to this injury. From the functional capacity evaluation report dated 6/8/07, the patient was complaining of constant pain in the cervical, bilateral upper extremities, left shoulder and hands. Of note, the patient was diagnosed with bilateral carpal syndrome (date not specified). Reportedly, the patient has completed conservative treatment consisting of occupational therapy and cervical injections (type and dates not known). In fact, it was noted from the functional capacity evaluation (FCE) that the patient was unable to perform at the sedentary physical demand level because of poor mobility and positional tolerances. Current medical management consists of Norco 10/325 mg one p.o. q.4-6h. p.r.n., Flexeril 10 mg one p.o. t.i.d., Cymbalta 60 mg one p.o. q.d., and meloxicam 7.5 mg one p.o. b.i.d., and Lyrica 100 mg one p.o. b.i.d. From the treatment program report dated 6/27/07, it appears that this patient has completed 20 sessions of individual psychotherapy. In reviewing the patient's treatment goals/objective chart submitted, there was a decrease in pain level from 7 to 8 down to 6, and increased in pain experience scale from 68 to 91.51, neck pain disability

index from 70% down to 66%, revised Oswestry Index of 70% down to 64%, Beck Depression Inventory (BDI) increased from 8 up to 30, Beck Anxiety Inventory (BAI) increased from 25 initially up to 31 and a Global Assessment of Functioning (GAF) basically stabilized at the 50 range. After review of the information submitted, the recommendation is to uphold denial for chronic pain management x10 sessions. The Official Disability Guidelines state that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 week without evidence of demonstrated efficacy as documented by subjective and objective gains. His previous psychotherapy treatments failed to show progressive improvement. Therefore, additional sessions are not warranted.

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 CHRIOPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
