

# Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** April 25, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

10 additional sessions of pain management

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

**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**

OD Guidelines

Adverse Determinations 3/27/08 and 4/3/08

Correspondence Dr. 3/31/08 and 3/24/08

Assessment Dr. 3/12/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This lady was injured on xx/xx/xx when she fell into a plane wall during a pushback. She developed left thoracic pain that was attributed to myofascial pain. She was determined to be at MMI. She became pregnant and was taken off Celebrex and other medications. She

was referred for pain management. Her physical therapy was limited by the pregnancy. She reportedly made gains in the program.

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

This lady had been approved for an initial 10 sessions of the pain management. There is some confusion if she missed any session or attended all, her progress and medications. Dr. wrote that some of this was sent in error. Dr. cited a study from Hospital for continuation in a chronic pain program although the ODG is the criteria used in Texas Workers Comp. The initial 10 sessions were approved. The question here is the second set of 10 sessions. The data provided in the initial request showed a drop from 8 to 6-7 for the pain (VAS) and a drop from 15 to 12 for depression and 18 to 15 for anxiety on the Beck Scales. Dr. later felt that this was a start of the progress, and more was to be expected.

The usual use of the ODG for chronic pain programs is to determine if the patient is a candidate or if there are contraindications in the form of risk factors against success. This is not the point in this argument. In fact, per the ODG, "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 sessions." The case in question is whether there is evidence of subjective and objective gains to warrant continuation of the program. The fact that she has an impairment rating places her at MMI. The Beck scales and the VAS are subjective scales that are being substituted for an objective number. These show subjective improvement within a grade level. Dr. verbally describes greater subjective improvement. The objective findings would be in improved ADL activities and in the physical therapy assessment. The latter was limited by her pregnancy. Therefore, the Reviewer has to rely on the subjective data only. As such, the Reviewer concurs that the program should continue and be limited to the additional 10 sessions.

**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)