



## Medwork Independent Review

1217 Menomonie Street  
Eau Claire, Wisconsin 54703  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
medworkiro@charterinternet.com  
[www.medwork.org](http://www.medwork.org)



### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**04/03/2008**

**DATE OF REVIEW: 04/03/2008**

**IRO CASE #:**

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

Twenty (20) sessions Chronic Pain Management Program

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**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**

1. Texas Dept of Insurance Assignment to Medwork 03/14/2008
2. Notice to URA of assignment of IRO dated 03/14/2008
3. Confirmation of Receipt of a Request for a Review by an IRO 03/14/2008
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 12/25/2007
6. utilization review decision letter 02/19/2008
7. utilization review decision letter 01/24/2008
8. Healthcare Systems examination findings 01/15/2008
9. Healthcare Systems evaluation 01/08/2008
10. Healthcare Systems functional capacity exam 01/08/2008
11. Orthopedic Clinic, P.A. 12/13/2007
12. Patient list treatment history/MD listing
13. ODG guidelines not provided by the URA



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### **PATIENT CLINICAL HISTORY:**

This is a xx-year-old male who sustained a work-related injury involving the right shoulder on xx/xx/xx. Of note, this injury is almost three years old. Subsequent to the injury and following conservative treatment, the claimant underwent a right shoulder rotator cuff repair performed in xx/xx by Dr., M.D. The patient completed postoperative physical therapy to include work conditioning and reportedly work hardening. Currently, the patient continues with chronic right shoulder pain of which his medication management consists of hydrocodone 5/325 mg three times a day, meloxicam 7.5 mg q.d., and Ambien 10 mg one at bedtime. A Functional Capacity Examination submitted performed on January 8, 2008 placed the patient at light physical level. Psychological evaluation performed on January 8, 2008 revealed the patient suffers from psychosocial stressors.

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

After evaluation of the information submitted for this review, the previous denial for chronic pain management program x20 sessions is recommended to be upheld.

From the information submitted, there is no mention that the patient's participation in the psychotherapy aspect of his work hardening program. In addition, there is no listed psychotropic medication in patient's medication profile which addresses his signs/symptoms of depression/anxiety. There is no mention as to why the patient failed out of his previous work hardening program and/or what could be done to rectify this issue. With respect to the criteria for predicting success from a chronic pain management program, it appears that several criteria would argue against patient benefiting from such a program. The patient has been out of work for almost three years since his injury, and the likelihood of returning to gainful employment any time soon is marginal. This claimant demonstrates moderate depression and anxiety which certainly has not been adequately managed with any mention of psychotropic medications being prescribed. There appears to be also reinforced pain complaints which are far in excess of what would be expected given the nature of this patient's injury. As such, the patient has nearly half of the negative predictors for outcome from a chronic pain management program.

These negative predictors are: 1) A negative outlook about future employment; 2) High levels of psychosocial distress; 3) Duration of pre-referral disability time; 4) Prevalence of opioid use; 5) Pre-treatment levels of pain.

Guidelines and References used:

1. Official Disability Guidelines, Treatment Index, Fifth Edition 2006/2007 under Pain Section- Chronic Pain Programs.
2. ACOM Guidelines, Second Edition, Chapter 6.
3. Clinical Practice Guidelines for Chronic Nonmalignant Pain Syndrome Patients, An Evidenced Base Approach in the Journal of Back and Musculoskeletal Rehabilitation, January 1999 issue, vol. 13.



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### 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 KNOWLEDGBASE
- 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)