

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW:

2/16/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program 20 visits (5/week x 4 weeks)

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

Board Certified in Family Practice with a Certificate of Added Qualification in Sports Medicine

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 OD Guidelines

Preauthorization review Summaries dated 1/16/08, 1/23/08

Treatment Center assessment for Chronic pain management program by MS, CRC,LPC dated 1/08/08

Appeal for reconsideration, 1/15/08 by Dr.

Letter from Dr. to Dr.

History and Physical for Work Hardening program, Dr. 11/17/07

Clinic Notes from Dr. 10/27/07, 12/08/07

Letter from, PT, Treatment Clinic, 1/3/08

FCE 12/6/07

treatment Center evaluation of patient by LPC, 8/8/07

clinic follow up note, Dr. 12/12/07
Clinic notes from Dr. MD, Clinic: 8/7/06, 8/14/06,
9/6/06
MRI report, right wrist 8/12/06
X-ray report, right wrist 8/7/06
MR Arthrogram report, 10/23/07
Designated Doctor's Exam by D.O. on 11/2/07
Review of case, 9/17/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient injured her right wrist while at work when she tried to break the fall of a child that was falling out of a van. She was first evaluated on x/x/xx at the company doctor's office. Her initial treatment consisted of ice, heat, massage, and medication for pain. She reportedly received physical therapy as well. She was evaluated by Dr. on 8/7/06 at which time she had X-rays done, OT was ordered and her splint was changed to a thumb spica splint. The X-rays showed scapholunate widening and a small calcification felt to be a small avulsion based on the patient's swelling and areas of tenderness. After the first visit, an MRI was ordered to further evaluate the wrist for ligament or tendon injury. The MRI showed evidence of DeQuervain's tenosynovitis as well as ganglion cysts and evidence of a scapholunate ligament tear. By the third visit with Dr. on 9/6/06, the patient was still having pain in her wrist as well as neck and shoulder pain and she was awaiting a consult with a hand surgeon. The patient had surgery on her right wrist on 10/19/. There is also a reference that one of the surgeries was a DeQuervain's release. The patient's post operative course and treatment are not available to the reviewer. The next available clinical notes are from October 07 more than one year after the original injury. Also of note is that on initial clinical notes it is reported that the patient had a past history of a right thumb fracture and wrist sprain in xxxx.

On clinical evaluation by Dr. on October 27, 2007, the patient reported intractable pain. The diagnoses were 1)internal derangement of the hand and wrist, 2) neuropathic pain in right wrist, hand and forearm, 3)intractable pain, major depression, anxiety disorder and sleep disturbance secondary and causally related to her work injury, 4)bilateral carpal tunnel syndrome, 5) cervicalgia, 6)right cervical radiculopathy in a C8 dermatome. Recommendations at this time are no work, continue PT, await MRA report and Dr.'s recommendations. As far as meds, Norco is added, Cymbalta continued, Motrin stopped and Celebrex added. The MR arthrogram on 10/23/07 showed a tear in the Scapholunate ligament, resolution of the previously noted DeQuervain's tenosynovitis, and a multiloculated ganglion cyst. The patient followed up with Dr. on 12/8/07 and was noted to have continued pain. No changes were made to the treatment as they were awaiting Dr.'s recommendation. The patient saw Dr. on 12/12/07. This was the second visit; the patient first saw the surgeon Dr. on 9/26/07. At the time of the visit the patient described the pain as a 7/10. After examination and review of MR arthrogram, Dr. made the diagnoses as follows: right scapholunate ligament with disassociation and ligament tear, multiloculated ganglion cyst, right

carpal tunnel syndrome, deQuervain's of the wrist status post surgery done fairly well. Right wrist instability due to ligament tear and cannot rule out complex medial pain syndrome. His recommendations included continuing present medicines and changing/adding of meds per Dr.. Surgery and/or injection was recommended but refused by the patient. A chronic pain management program for RSD of the upper extremity is recommended for the patient.

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

This case is one of a patient who sustained an injury to her right wrist prior to this request for a pain management program. The patient has multiple diagnoses coexisting, (ie. History of wrist sprain in past may have been initial cause of scapholunate tear, deQuervain's may have been developing from a repetitive activity, and patient may have had preexisting mood disorder). On the surface, the pain seems out of proportion to the degree of injury; but this would fit with the diagnosis of Complex Medial Pain Syndrome which Dr. has listed as one of the possible diagnoses. This can develop as a result of a traumatic injury or even during the course of treatment from prolonged immobilization or disuse of an extremity. Of course, the patient's underlying depression may be causing a change in pain tolerance as well. The diagnoses of wrist instability due to a scapholunate tear, carpal tunnel, ganglion cyst, and deQuervain's all cloud the issue of the causes of the pain. All of this is important to note as if one doesn't treat the underlying causes, even the best chronic pain management program isn't going to make this patient better. In addition, if the pain is all from a CMPS then it is unlikely that it will only take 4 weeks to get better.

This being said, one now needs to look at the ODG guidelines and the criteria for a chronic pain management program for wrist pain. "Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met." The criteria for the general use of multidisciplinary pain management programs is the following: 1) An adequate and thorough evaluation has been made including functional testing so follow-up with the same test can note functional improvement; 2) Previous methods of treating chronic pain have been unsuccessful and there is an absence or other options likely to result in significant clinical improvement; 3) The patient has a significant loss of ability to function independently resulting from the chronic pain; 4) The patient is not a candidate where surgery or other treatments would clearly be warranted; 5) The patient exhibits motivation to change and is willing to forgo secondary gain & 6) Negative predictors of success above have been addressed.

In this case, it does not appear that this patient meets the above criteria for a chronic pain management program. In particular to this patient's case are numbers 2, 4, & 5. After a careful review of all medical records, the Reviewer's medical assessment is that this patient has not exhausted all other methods for treating pain. More importantly, the wrist instability may be a big cause of the pain (and is the most likely of the diagnoses to have been from the reported

injury). Finally, based on the fact the patient has not returned to work and has reported problems walking, sitting or standing for prolonged periods (which have nothing to do with the wrist) one would question the patient's motivation to change and get better.

In conclusion, due to the above assessment, the reviewer does not find that a Chronic Pain Management program is medically indicated at this time.

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)**