

# Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** January 24, 2008

**IRO CASE #:**

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

Physical Medicine Procedure, Chronic Pain Management Program 5 X 2

**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

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORHOPAEDIC SURGERY

**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

Correspondence (11/15 and 11/26/07)

Correspondence of Chronic Pain Management (11/15/07)

Record (10/18/07)

Assessment Dr. and Evaluation Centers (10/ 12/07)

Functional Capacity Evaluation Diagnostics (10/16/07)

Request for Prauthorization by of Chronic Pain Management (10/25/07)

Diagnostics Physical Performance Evaluation (9/19/07)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a right handed lady who was involved in assembly at a factory where she worked for nearly 30 years. She developed right hand pain. This apparently developed gradually in 2005. She was felt to have carpal tunnel syndrome. She underwent an endoscopic carpal tunnel release on 11/29/05. She remained symptomatic. . An MRI on 3/2/07 showed arthritic changes in the first carpometacarpal joint and at the pisiform triquetrum joint. Electrodiagnostic studies on 3/20/07 reportedly showed bilateral prolongation of the sensory latency. A second carpal tunnel release (open) was performed on 6/18/07. She attempted to work, but remained somewhat symptomatic. She had postoperative therapy, but remained weak. She had an FCE 9/19/07 by Diagnostics Physical Performance. She was felt to be functioning at a light/sedentary level. There was a request for a chronic pain program with therapies to overcome” any psychological issues that may be hindering her program.” None were specifically identified. A designated doctor examination by Dr. (10/12/07) and a second FCE (10/16/07) was performed by Diagnostics.

Dr. did not feel show would be able to return to her prior work position and advised reassignment that would be less stressful to her hand/wrist. Further work hardening or work conditioning was advised. (Comment, this report is dated 10/12/07, but it describes the functional test on 10/17/07, 5 days later, in the report. The testing was dated 10/16/07). There was no comment about any chronic pain issues. Ms appealed the denial of the chronic pain program and wrote that the “symptoms of depression and anxiety are low... there are multiple issues that the psychological portion of the program can address.” She has residual symptoms in her hand and is “deconditioned.” I am not clear if the symptoms are from carpal tunnel syndrome or her arthritic changes.

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

First, this lady was not reported to be in any chronic pain. The request was to address the vague “...multiple issues...” that included coping skills. Most of the references in ODG apply to back pain and/or complex regional pain disorders. Most gains are with opioid reduction and pain management. There was no discussion of any opioid reduction by a treating physician.

“The Criteria for the general use of multidisciplinary pain management programs ...may be considered medically necessary when all of the following criteria are met:

The issue is item 3. This lady does not appear to have sustained “a significant loss of ability to function independently resulting from the chronic pain.” There was no evidence that she had disruption of her ability to function other than at her job. Dr. did not feel she would be able to return to her prior work position and advised reassignment that would be less stressful to her hand/wrist. Further work hardening or work conditioning was advised.

The Controlled Substance Act authorizes a physician to use any appropriate medical, physical or psychological treatments to reduce the use of controlled substances. The Reviewer did not take this into consideration as there was no physician request for the program to reduce the use of these substances.

**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)