



AMENDED July 17, 2008

REVIEWER'S REPORT

DATE OF REVIEW: 07/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twenty sessions of pain management in a comprehensive pain management clinic.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Psychiatry

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

This decision is based on the ODG Treatment Guidelines, “Criteria for the General Use of Multidisciplinary Pain Management Program.”

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA Records—May 9, 2008
3. Attorney, Letter of Explanation—June 26, 2008
4. Healthcare Systems—March 19, 2008 through May 6, 2008

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee had injured his shoulder three years prior to this episode of treatment when he grabbed onto his truck to keep himself from falling while at work.

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

I reviewed the entire file submitted for this IRO. The patient is a xx-year-old man injured at work in xxxx. In 2008 he was referred by his doctor to the Healthcare Comprehensive Pain Management Program. Initially twenty sessions were approved. An additional twenty sessions were requested and denied. The records from the comprehensive pain management program consistently report little progress made by the patient as well as poor motivation on the patient's part. No improvement on Beck Depression Inventory score or Beck Anxiety Inventory score was noted after the first twenty sessions. Minimal improvement in physical ability was made. According to the ODG Treatment Guidelines, "Criteria for the General Use of Multidisciplinary Pain Management Programs," the following criteria should be met for medical necessity:

1. An adequate and thorough evaluation has been made.
2. Previous methods of treating chronic pain have been unsuccessful.
3. The patient has a significant loss of ability to function independently.
4. The patient is not a candidate for other therapies.
5. The patient exhibits motivation to change.
6. Negative predictors of success have been addressed.

Based on the records submitted, criteria 5 and 6 are not met. The patient was consistently noted to have poor motivation, and no new plans to address the length of time he had been disabled as well as the psychological issues were documented. Therefore, the denial of twenty additional days is upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)