

# P-IRO Inc.

An Independent Review Organization  
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Notice of Independent Review Decision

**DATE OF REVIEW:** 03/13/08

**IRO CASE #:**

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

Chronic pain management program 5X4

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

Clinical psychologist; Member American Association of 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

10-25-07 psychological evaluation recommending WH

10-29 to

11-30-07 Work Hardening program notes

11-30-07 PPA recommending CPMP

12-3-07 WH Treatment Summary

03-22-07 MRI report of the right ankle

03-27-07 and

04-24-07 Office notes from Treatment and Orthopedic Surgery; Dr.

12-28-07 Brief narrative; LPC

01-25-08 Rehab Center Request for and Appeal

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx year old male who was injured on xx/xx/xx performing his regular job duties as a . He was walking downstairs, stepped on uneven ground,

and twisted his ankle, causing severe pain. Patient established treating with Dr. I, and received physical therapy, MRI, referral to orthopedic specialist, and OTC medication management, per records available for review. MRI of right ankle done on 3-22-07 revealed linear fracture of the lateral malleolus associated with bone edema and small ankle joint effusion. Dr. recommended continued physical therapy, evaluation for custom shoe orthotic, and prescribed topical gel #6.

On 10-25-07, patient was sent for psychological evaluation which showed low pain levels, average sleep, and no significant psychological overlay. Work Hardening program was recommended, and 20 sessions were accomplished. On 12-3-07, the WH discharge summary recommends a chronic pain management program "to increase appropriate coping skills for management of pain and stress." A brief narrative accomplished on 12-28-07 also showed no significant psychological overlay, but documented increased pain after increased activity. PPA done on 11-30-07 also recommends CPMP, but states the patient was a and that his diagnosis was post-surgical crush injury of the right foot. PPA places a patient at Light PDL when his work requires Medium-Heavy PDL, but it is unclear if this report pertains to this patient, who is a with a fractured ankle.

Request for 20 days of CPMP was denied, but requesting therapist reports over the phone during peer-to-peer that BDI and BAI scores had recently increased to the moderate ranges. Current request continues to be for 20 day of CPMP.

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

ODG recommends a stepped-care approach for the treatment of chronic pain patients, which has not been accomplished in this case. It is also unclear what the specific goals for the patient would be in CPMP, since there is no initial evaluation, no mental status evaluation, no testing other than BDI and BAI, no Axis 5 diagnoses, and therefore no related goals or treatment recommendations, other than "increasing appropriate coping skills". Again, there is no testing regarding current coping skills the patient may be utilizing, and therefore no way to be specific about interventions.

Although the report states that previous methods of treating chronic pain have been unsuccessful, it lists the treatments as x-rays, physical therapy, and work hardening, which did have a psychoeducational group component. Patient has not been referred to an interventional pain specialist, has not received individual therapy, and contraindications, such as reasons for patient failure in the work hardening program, were also not addressed. As such, the current request cannot be considered reasonable or medically necessary.

**Psychological treatment:** Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of

treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

**Step 1:** Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

**Step 2:** Identify patients who continue to experience pain and disability *after the usual time of recovery*. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

**Step 3:** Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also [Multi-disciplinary pain programs](#). See also [ODG Cognitive Behavioral Therapy \(CBT\) Guidelines](#) for low back problems. ([Otis, 2006](#)) ([Townsend, 2006](#)) ([Kerns, 2005](#)) ([Flor, 1992](#)) ([Morley, 1999](#)) ([Ostelo, 2005](#))

### **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)**