

## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/15/2008

**IRO CASE #:**

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

1. Chronic pain management program 8 hours a day for 10 days

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended San Diego State University before graduating from the Palmer's College of Chiropractic West in 1989. He has been in private practice in San Diego County for over 14 years. He also works as a team chiropractor for a local high school. He has also worked as a peer reviewer doing Worker's Compensation and Personal Injury Prospective, Retrospective, Forensic, and Chart Reviews since 10/2000. His post graduate studies include various seminars on cervical spine "whiplash" syndrome, arthritis, neurology, radiology, sports medicine, and worker's compensation.

**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)

1. Chronic pain management program 8 hours a day for 10 days Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note by , dated unknown
2. IRO request form dated 9/30/2008
3. Request form dated 9/22/2008
4. Clinical note by DC, dated 7/3/2008
5. Clinical note by DC, dated 9/4/2008
6. Notice to air analyses by , dated 10/1/2008
7. Clinical note dated unknown
8. Notice of assignment by , dated 10/1/2008
9. Evaluation by Ph.D, dated 6/9/2008
10. Patient information dated 6/9/2008
11. Clinical note by , dated 10/3/2008
12. Clinical note dated 10/2/2008
13. IRO request form dated 9/30/2008
14. Request form dated 9/22/2008
15. Clinical note dated 7/3/2008
16. Clinical note dated 8/11/2008
17. Clinical note dated 9/4/2008
18. Management programs dated unknown
19. Restoration programs dated unknown
20. Organization summary dated 10/3/2008
21. Employers first report dated 3/9/2007
22. Exit review dated 5/11/2007
23. Workers compensation dated unknown
24. Associate statement dated 3/8/2007
25. Prescription note dated 3/1/2007
26. Clinical note dated unknown
27. Discharge instructions dated unknown
28. Clinical note dated 3/1/2007
29. Clinical note dated 3/1/2007

30. Work status report dated 4/5/2007
31. Clinical note dated 2/27/2007
32. Examination form dated 3/5/2007
33. Clinical note dated 3/7/2007
34. Report of injury dated 3/9/2007
35. Clinical note dated 3/9/2007 to 3/13/2007
36. Work status report dated 3/15/2007
37. Initial examination by DO, dated 3/19/2007
38. Initial functional capacity by DC, dated 3/19/2007
39. Work status report dated 3/19/2007
40. Narrative report by DC, dated 3/20/2007
41. Clinical note dated 4/12/2007
42. Confidential report dated 4/18/2007
43. Clinical note by , dated 4/14/2007
44. MRI right shoulder dated 4/19/2007
45. Work status report dated 4/13/2007
46. Report of injury dated 4/24/2007
47. Clinical note by MD, dated 5/9/2007
48. Clinical note dated 5/9/2007
49. Report of injury dated 5/15/2007
50. Clinical note dated 2/27/2007
51. Clinical note dated 5/25/2007 to 6/6/2007
52. Clinical note by MD, dated 6/7/2007
53. Clinical note by MD, dated 6/15/2007
54. Work status report dated 6/19/2007
55. Clinical note dated 6/19/2007
56. Clinical note by MD, dated 6/21/2007
57. Operative report by MD, dated 7/2/2007
58. Clinical note by MD, dated 7/6/2007
59. Clinical note by MD, dated 7/6/2007
60. Work status report dated 7/9/2007
61. Progress notes dated 7/11/2007 to 7/17/2007
62. Clinical note by MD, dated 7/13/2007
63. Progress notes dated 7/19/2007
64. Case history record dated 7/19/2007
65. Compensation questionnaire dated unknown
66. LLC checklist dated 7/19/2007
67. Clinical note by MD, dated 8/17/2007
68. Examination dated 10/1/2007
69. Clinical note by MD, dated 10/3/2007
70. Clinical note by MD dated 10/15/2007
71. Clinical note dated 11/1/2007
72. Clinical note by MD, dated 11/2/2007
73. Clinical note dated 12/7/2007
74. Work status report dated 12/10/2007
75. Clinical note by MD, dated 2/27/2007
76. Report of medical evaluation dated 4/8/2008
77. Report of medical evaluation by MD, dated 8/8/2008
78. Review of medical history by MD, dated 4/8/2008
79. Rating report dated 4/6/2008
80. Gonlometer report dated unknown
81. Evaluation by PhD, dated 6/9/2008
82. Patient information dated 6/9/2008
83. Clinical note dated 8/6/2008
84. Clinical note by Ed.D, dated 8/23/2008
85. Notice of assignment by , dated 10/1/2008
86. Clinical note by , dated 10/1/2008
87. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a xx year old female who slipped and fell while putting up dishes. The patient's initial diagnosis was a cervical/lumbar sprain and a coracohumeral sprain. Her current diagnosis is shoulder joint pain, lumbago, and status post shoulder surgery. The patient's past medical history includes 3 C-sections and a cholecystectomy.

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

The claimant sustained an injury to her back in right shoulder. Following a failure of conservative treatment to bring about a resolution of her condition the claimant underwent rotator cuff repair and acromioplasty surgery on 7/2/2007. This was followed by a course of postoperative therapy. On 4/8/2008 the claimant underwent a designated doctor examination with Dr. , M.D. The determination was that the claimant was at maximum medical improvement with 7% whole person impairment. It was also determined that the claimant was able to return to work in a full duty capacity.

On 6/9/2008 the claimant was referred for a psychological evaluation "to determine the appropriateness for a chronic behavioral pain management program." The evaluation was performed by , PhD. The recommendation was that the claimant should participate in a work hardening program and weekly group psychotherapy sessions. A physical performance evaluation was performed on 6/9/2008. Under the behavioral profile section it was noted that the claimant "does not exhibit any pain behaviors upon presentation to the clinic." It was noted that the claimant that the claimant was functioning at a sedentary-light physical demand level. The recommendation was for a chronic pain program, based on the recommendation from Dr. . As noted above, the recommendation from Dr. was for a work hardening program. The chronic pain program was denied on peer review and on appeal. The purpose of this review is to determine, on appeal, the medical necessity for the requested 10 sessions of chronic pain management.

The medical necessity for the requested 10 sessions of chronic pain management was not established. The evaluation by Dr. indicated a recommendation for a work hardening program. The provider stated his appeal letter that a work hardening program is not appropriate because the claimant did not have a job to return to. ODG guidelines indicate that a work hardening program does not appropriate left the claimant had a job to return to. However, this does not indicate that the chronic pain program would be appropriate in this case.

The claimant underwent a designated doctor examination on 4/8/2008. At that time it was determined that the claimant was at maximum medical improvement and was able to return to work full duty. Continuing to maintain a temporary total disability status is contraindicated. ODG guidelines, web-based version, pain chapter indicates "in workers' compensation cases, providers may need to shift focus from a 'cure and relieve' strategy to a 'functional restoration' paradigm. Too much attention may be focused on the 'pain' and not enough on functional restoration and gain that encourages 'coping' strategies and the desirable outcome of 'working' with pain. Also consider the possibility of patients developing 'Wounded Worker Syndrome,' a chronic pain condition characterized by failure of an injured worker to respond to conventional healthcare measures, and prolonged disability with continued absence from the workplace. The main contributor of this condition may be the healthcare system itself, which reinforces the 'sickness' role of the injured worker and provides many misguided interventions due to a lack of adequate assessment of underlying psychosocial factors." The claimant should be able to return to work full duty with no restrictions and not require 10 sessions of a chronic pain management program. Therefore, the previous denial is upheld.

**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)