

SENT VIA EMAIL OR FAX ON  
Aug/04/2009

## P-IRO Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Aug/03/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Chronic Pain Management Program X 10

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Clinical psychologist; Member American Academy 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  
Denial Letters 7/1/09 and 7/8/09  
6/22/09 thru 7/21/09  
Dr. 6/15/09 thru 7/30/09  
MRI 42/08  
Medicine List 6/11/08 thru 4/6/09

**PATIENT CLINICAL HISTORY SUMMARY**

Records reviewed reveal that the claimant is a xx year-old female who sustained a work-related injury on xx/xx/xx while performing her usual job duties as for. Records are discrepant regarding how the injury actually occurred. Behavioral evaluation by states that patient slipped on one of the yellow poles used to guide cars. Medical note by Dr. states that patient stepped in a hole in a broken segment of pavement. Regardless, patient was taken to where she was treated and released. Since this time, records indicate that patient has returned to work, and this increases her pain.

Over the course of his treatment, patient has received x-rays, MRI's, physical therapy, orthopedic consult, and medications management. Follow-up orthopedic note of June 15, 2009 diagnoses patient with "right ankle contusion and sprain as a direct result of a work related injury on xx/xx/xx." Note reflects that reported pain level ranges from 2-4/10. Gait was described as demonstrating no limp, and the patient's gait velocity was normal. Review of systems shows that patient has early morning stiffness, swelling and pain for several hours, and that she has hypertension requiring medication. Physical exam show patient's weight to be 285 pounds and her height is 5'1 inches. Blood pressure was 140/110. Patient is prescribed Toprol XL, Lotrel, Triamterene, Hydrocodone/APAP 500 q6h, Celebrex 100 mg qd, Ultram 100 mg qd, and Lidoderm patch 700 mg q12h.

XXX evaluated patient on 6/22/09, where they found the following complaints/symptoms: Average pain at a 6/10, best is 4/10 and worst is 7/10. On mental status exam, patient's mood was described as "euthymic", and pain behavior of shifting in the chair was noted. BAI and SOAPP were administered, with patient scoring in the moderate range on both. Axis V diagnoses were 309.28 mixed adjustment disorder (anxiety and depression), and Axis II was deferred. Patient was requested for the first ten days of a chronic pain management program, with goals of "...improve coping skills, social skills, social support, self-esteem, level of functioning, decrease dependency on healthcare system, improve functioning interpersonally, minimize distress caused by anxiety and depression, and improve control over emotions and fears of the future."

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

ODG states that "an adequate and thorough evaluation" has to have occurred, which should include baseline functional testing so follow-up with the same test can note improvement or lack thereof. Unfortunately, there are no specific and objective end treatment goals in the behavioral report for this patient, few clinical level baselines reported, no titration schedule or goal that mentions how the patient's dependency problems will be addressed, no FCE or PPA, and no plan to address sleep difficulties mentioned. Additionally, patient's obesity is not mentioned as a possible piece that needs intervention, and there is therefore no goal regarding diet/nutrition, meal planning, education, etc.

There also appear to be generalized patient goals that may not be applicable to this particular patient. For example, the goals include addressing poor self-esteem, poor coping and fears, although these are not assessed and it is therefore unknown whether or to what degree patient has these issues. Treatment plan shows no psychosocial or behavioral goals, but focuses on physical goals. There is no explanation for why a stepped-care approach to treatment has not been tried. There is also no explanation of why the patient was diagnosed with adjustment disorder with depression if patient's mood upon interview was "euthymic", and there is no significant BDI score to report.

has adopted the ODG treatment guidelines as the standard for non-network workers' compensation claims. also states that a chronic pain program, whether accredited or not, should run by standards. Based on ODG criteria and the records submitted for review, the current request is deemed not medically reasonable and necessary at this time.

Workers' Compensation, Comprehensive Psychological Testing: Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. 2001.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

[ ] 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)