

SENT VIA EMAIL OR FAX ON
Aug/11/2009

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of chronic pain management

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 6/23/09 and 7/17/09

6/17/09 thru 7/28/09

Choice No Date

FCE 5/29/09

PATIENT CLINICAL HISTORY SUMMARY

FCE dated May 29, 2009 reveals that the claimant is a xx year-old male who sustained a work-related injury on xx/xx/xx while performing his usual job duties as a fence setter/oil field worker. Records indicate patient was in his usual state of health, when patient slipped getting out of his dump truck, falling on his left hand. He was taken to the ER where he was diagnosed with a fracture to the left wrist. His left wrist was casted and patient was scheduled to follow-up with Dr., who removed the first cast and placed him in another. He also prescribed medication and work restrictions. Since that time, patient has had physical therapy, left wrist surgery on 2/18/09, post-surgical therapy and individual psychotherapy.

FCE found that patient does not meet critical physical demand of his previous position of employment at full capacity. Pre-surgically, records indicate that patient had attempted to return to work, but was only able to tolerate 3 days. Records indicate he has not been returned to work post-surgically.

Over the course of his treatment, patient has received x-rays, MRI's, physical therapy, orthopedic consult, surgery x1, psychotherapy, and medications management.

Patient was evaluated by on 6/17/09, where they reported the following complaints/symptoms: Average pain at a 5/10 (reduced from 6/10 post-IT), irritability 7/10, anxiety/restlessness 6/10, frustration 5/10, anger 6/10, and money problems 9/10. Patient list of symptoms included: ...always feeling tired, unable to relax, periods of sadness, brooding, or silence, avoiding /withdrawal from family, sensitivity to criticism, numbness, muscle spasms, waking up often during the night, often needs medication to relieve pain, etc. BAI was a 6 (reduced from a 29) and BAI was a 3 (reduced from a 16). Driving, sitting, standing, and walking tolerance is described as limited to 30 minutes. Axis V diagnoses were 309.28 Mixed adjustment disorder (anxiety and depression), and 307.89 Pain Disorder, and 780.5 Sleep disorder. 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, decrease reliance on medication, improve functioning interpersonally, minimize distress caused by anxiety and depression, improve sleep duration, 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, no history, no clinical level baseline testing scores reported, no titration schedule or goal that mentions how the patient's "reliance on medications" will be addressed, and no mental status exam. There is also no explanation regarding why patient was discontinued after 4 individual therapy sessions, how these therapy sessions were conducted long-distance, and why the adjustment disorder diagnosis still is given, when anxiety and depression are measured within normal limits, post-intervention. There are also no medical notes to elucidate current physical health status. There is a canned letter of medical necessity from DC in, which is undated. It states patient's "pain symptoms have continued well beyond the primary intervention phase" but does not specify examples of these symptoms. He also states "I am concerned about the apparent levels of depression and anxiety present at this time." There was an FCE conducted, but although the FCE said that patient was not at a level needed to return this patient to work, it did not specify what PDL was required for the job or what PDL the patient currently was at.

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 few psychosocial or behavioral goals, but focuses primarily on physical goals. There is no explanation for why a stepped-care approach to treatment was prematurely discontinued. Behavioral eval also states that driving, sitting, standing, and walking tolerances are limited to 30 minutes. However, the Oswestry low back disability questionnaire filled out by the patient shows the patient himself ascribed to being able to walk any distance, sit in any chair as long as he likes, stand as long as he wants without extra pain, look after himself normally, being able to manage the pain without taking pain killers, pain not preventing him from sleeping well, and ascribes to normal social life and ability to travel anywhere without extra pain.

TDI-DWC has adopted the ODG treatment guidelines as the standard for non-network workers' compensation claims. TDI also states that a chronic pain program, whether accredited or not, should run by CARF standards. This includes a board-certified medical

director and a licensed clinical psychologist, both of whom should evaluate the patient and submit detailed reports; also, a physical therapist or chiropractor should evaluate and make recommendations regarding physical deficits and rehab goals. Based on ODG criteria and the records submitted for review, the current request is deemed not medically reasonable and necessary at this time.

Colorado Division of 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 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)