

SENT VIA EMAIL OR FAX ON
Aug/24/2009

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 10 final days 5 X 2

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 6/30/09 and 7/21/09

7/28/08 thru 6/24/09

6/19/09

Dr. 2/2/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a compensable, work-related injury to her right UE on xx/xx/xx. Patient was performing her usual job duties when she struck her elbow against a machine. Patient attempted to return to work, but was unable to sustain this due to pain. She was taken off work and remains in an off-work status at the current time. Patient is hoping to return to her previous job title with the same employer, where she has worked for the last 23 years.

Over the course of her treatment, patient has received x-rays, physical therapy, EMG/NCV

(positive for median nerve entrapment), MRI (positive for medial epicondylitis), cortisone injections, work hardening, individual therapy, and medication management to include Tramadol, Lyrica, and Celebrex. Patient has been diagnosed with right elbow contusion, right elbow strain/sprain, probable ulnar nerve entrapment at the elbow, and probable neuropathy of the right arm. No Axis V diagnoses were given in the behavioral report available for review.

Patient was approved for, and has attended, 20 days of a CPMP. The current request is for an additional 10 days of CPMP. Report indicates that patient has the following status: BDI in the moderate range, moderately high fear avoidance beliefs, no change in PDL level, no decreased ratings of subjective irritability, and a 14-29% improvement in pain, frustration, tension, anxiety, depression, sleep disturbance, and forgetfulness. Goals for the last ten days of the program include: achievement of the required RTW Medium PDL, improved strength and ROM, titration of Lyrica, decreased pain, decreased fear-avoidance beliefs, and reduction in anxious/depressed mood.

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

Per available records, over the first twenty days of the program, patient has not been able to significantly increase her functioning across a broad range of physical or psychosocial measures. In fact, the physical report states that patient "has shown some gains and losses, but overall her functional strength has declined approximately 32%." There is no explanation why this precipitous decline, except that patient had been out of the program for the last three months. There is no detailed job description and it is unclear why a x job falls within the Medium PDL. There is also no explanation regarding why the patient was expected to improve physically in this program when she was not able to achieve her goals in the previous WH program. Additionally, the goal for the next ten days is not to reduce the Tramadol, but to extinguish the Lyrica, which is a non-narcotic used for exactly the type of neuropathic pain that this patient experiences. There is also still the possibility of this patient requiring a surgery for the ulnar entrapment and/or the carpal tunnel syndrome, which appears to be the pain generator, and this can be pursued regardless of whether she has already been placed at MMI. If the treating doctor disagrees with the MMI status, he has the right to protest this.

In summary, this patient's diagnoses and current status does not qualify her as an "outlier", per TDI, and ODG states that "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Patient should be at MMI at the conclusion". It is not reasonable to believe that more of the same interventions with this patient will produce significant results, since she has had little response thus far. As such, this request cannot be deemed reasonable and necessary per TDI-DWC and ODG.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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