

# P-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/05/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Chronic Pain Management 5 X 2

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

**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 12/2/08 and 1/5/09  
Return Office Visit 5/2/08  
Psychiatric Diagnostic Interview 6/13/08  
Records from Dr. 6/19/08 thru 8/7/08  
Records from Dr. 8/7/08 thru 9/24/08  
FCE 10/24/08  
Record from Dr. 11/3/08  
Records from 11/13/08 and 11/24/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx year old woman injured on xx/xx/xx. She was hit by an on the head and fell to her knees. She reportedly twisted her back. She had prior shoulder surgery in November 2007. She reportedly has depression and anxiety. She is functioning at a sedentary physical demand level. She had psychological assessment on 11/13/08. She reportedly has causalgia. The records (unsigned) describe improvement of her left upper extremity pain for a few weeks after a brachial plexus block. This unsigned note may be from Dr. . The note from 6/13/08 described a referral to a pain program. She was suffering from left arm and left facial neuropathic pain. It was noted some problems when she chose to go to a Methadone clinic for drug addiction. This evaluation ends on page 2 without more details of the assessment and plans. Another evaluation dated 11/13/08 described her as being

allergic to Methadone.

There are a check list of Counseling Progress notes dated 8/7/08, 8/15/08, 8/21/08, 9/9/08 and 9/24/08. These commented upon her pain interfering with her life and the need for a multidisciplinary approach for the pain to improve her function. The FCE on 10/24/08 described her as being the provider for a special needs 21 year old who has attendants. She was found to have marked weakness and problems with stabilizing 10 pounds with her left hand. The DD examination showed impairment of her left upper extremity. The examining physician did not feel there was evidence of RSD in the examination and felt her symptoms were largely subjective. The letter from , the counselor, dated 11/24/08. A goal is the ability to cope and tolerate her pain and increase her physical capabilities so she can return to work.

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

First, there is a question if she does or does not have a complex regional pain disorder. Dr. felt she did, but the Dr. did not. Her pain is about the upper extremity and shoulder. The ODG notes that there is little evidence that treatment of these body areas for chronic pain in a chronic pain program are successful per the ODG. She would otherwise appear to meet the criteria established for 10 sessions of outpatient treatment. The difficulty is in establishing is the pain a cause or result of depression and anxiety. It appears she was doing well until the injury. The timing is a concern, but nothing can be done about the time she has been off work. She has a job to return to, but the Reviewer suspects she will not be able to return to the job she was performing at the time of her injury.

**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)