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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of Chronic Pain Management Program

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 11/5/08 and 12/3/08

Records from 10/15/08 thru 11/24/08
3/10/08

OP Report 3/13/08

PT Notes 3/13/08 thru 4/14/08
11/12/08 and 11/26/08

Radiology Reports 11/19/08 and 8/7/08
10/13/08 and 10/27/08
8/5/08

PATIENT CLINICAL HISTORY SUMMARY

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 , when he fell from a skid, injuring his right upper extremity. Records indicate the patient continued to work for 3 months post injury, with increasing pain finally necessitating an off-work status.

To date, patient has received the following services for the injury: MRI's, surgery x1 on his

elbow, injection, conservative chiropractic interventions, 10 sessions of work hardening, EMG/NCV, and medications management. Patient currently takes Vicoden for pain.

Per consultation note from Dr. , electrodiagnostic testing currently reveals evidence of impairment to the right Ulnar nerve at the elbow which is consistent with a diagnosis of mild right Tardy Ulnar Palsy. Additionally, there is evidence of very mild right Carpal Tunnel Syndrome. Patient continues to have reduced ROM and decreased grip strength. FCE puts patient at the light PDL, well below what is required to return to work in a warehouse setting. Patient has been referred for CPMP, and that is the subject of this request.

Patient was evaluated by on 12/24/08. Patient presented with Borderline levels of depression and WNL anxiety, per BDI and BAI. His pain level is rated 6-8/10, and patient uses maladaptive techniques such as guarding and bracing to deal with his pain, and has a heightened fear of re-injury. Patient has been to a designated doctor exam, and was not believed to be at MMI. Patient was diagnosed with chronic pain disorder and request is for initial 10 days of a chronic pain management program.

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

Patient has continued pain complaints, and has received evaluations from his treating medical doctor, a referral specialist physiatrist, a designated doctor, and a psychotherapist, all of whom agree patient is not currently at MMI. Previous methods of treating the pain appear to have been unsuccessful, and patient appears to have followed all doctor recommendations to this point, and reports motivation to continue to follow recommendations that would improve him so she can go back to work.

Per ODG, patient has a significant loss of ability to function independently resulting from the chronic pain. However, records do not address the contraindication regarding further surgery. In a note by Dr. , dated 10/15/08, patient MRI was believed to show evidence consistent with metallic shavings from previous surgery still in the elbow area. There is also a diagnosis of carpal tunnel syndrome, which could also be a possible surgical intervention. Although no documentation was submitted that supported a second elbow surgery, this obviously has to be ruled out before he is appropriate for a tertiary CPMP. If this has already occurred, then patient would seem an appropriate candidate for such a program.

TDI-DWC has adopted the ODG treatment guidelines as the standard for non-network workers' compensation claims. Based on ODG criteria, the current request is not deemed medically reasonable and necessary at this time, since surgery (or surgeries) have not been ruled out.

Psychological treatment: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of

goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines for low back problems. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005)

Criteria for the general use of multidisciplinary pain management programs:200

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met

(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 sessions. (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The patient should be at MMI at the conclusion.

Delay of Treatment: Not recommended. Delayed treatment tends to increase costs, and prompt and appropriate medical care can control claims costs. One large study found that "adverse surprises," meaning cases that ended up costing far more than initially expected, were caused when the initial treatment came late in the cases, and these cases can account for as much as 57 percent of total costs. These surprise cases tended to involve back pain. (WCRI, 2005) (Joling, 2006) (PERI, 2005) (Smith, 2001) (Stover, 2007) Delayed recovery has been associated with delayed referral to nurse case management. (Pransky, 2006)

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)