

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 days 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 12/10/08 and 12/30/08

Records from 9/9/08 thru 12/22/08

Record from Dr. 12/1/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year-old male who sustained a work-related injury on xx/xx/xx. Patient was performing his usual job duties as a , when he sustained injuries to his mid- and low-back areas. At the time of the injury, patient was loading a truck when the driver took off. Patient fell out of the truck, striking the ground. He was initially seen by the company doctor and returned to work, but was unable to sustain this level of activity and has since been rehabilitating under an off-work status.

Patient has been treated conservatively and tertiarily with physical therapy, medication management, work hardening x 20, and individual therapy, with reasonable overall improvement in his symptoms. Although records indicate MRI (region unspecified) was negative, Dr. 's office note of 12/01/08 gives diagnoses of lumbar and thoracic strain/sprain, probable thoracic and possible lumbar herniated disks, and intractable low and upper back pain. His recommendation is for a chronic pain management program. He prescribed the

following medication regimen for the patient: Darvocet N-100 qid, prn severe pain, Tramadol 50 mg qid and Soma 250 mg bid.

Patient participated in a work hardening program, increasing his PDL's from a light-medium to a heavy level, currently being able to lift up to 95 pounds on an occasional basis. Extrapolated FCE data seems to indicate that patient could be expected to perform safely at even higher PDL levels.

Behavioral report dated 12/05/08 gives no diagnoses, but telephonic report note indicates patient has reduced his BDI and BAI scores into the mild-WNL ranges. Pain perception is reported as 6-7/10 in the report, but FCE pre and post showed 5/10 pain levels. Goals for the program are to detox patient from Darvocet, reduce pain from 6/10 to 3/10, increase sleep from 5 fragmented hours to 7-8 hours, improve ADL's, increase lifting/carrying tolerance to 150 pounds, increase sitting/standing tolerance to one hour and walking tolerance to two hours. Request is for 10 days of a chronic pain program.

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

Patient apparently has continued pain at a 5-6 level, and has received evaluations from his treating medical doctor, a psychotherapist, and physical therapist, all of whom request participation in a CPMP.

However, the behavioral report gives no patient diagnoses, and FCE and other reports present contradictory statements regarding patient physical fitness level. For example, there is also no explanation for why patient is at a heavy PDL, but still needs help with washing his hair and bathing himself. Additionally, there is no explanation regarding why the MRI was negative but patient is suspected to have herniated disks, or whether or not he can be expected to reach a very heavy PDL if he does indeed have herniations, or possibly whether additional diagnostics are needed.

Moreover, since patient is not diagnosed as dependent or addicted to his medications, there is no indication that he will need a program to step him down. Behavioral report states the patient avoids social activities and interactions and often stays home, but there is no diagnosis of depression or specific reasons to account for this. There is also no baseline standardized testing in the behavioral report that can be used to show progress. There is also no explanation regarding whether or not patient plateaued physically during the WH program, or whether he was continuing to make gains at the end. Possibly, patient may already be at MMI.

With these contraindications, a CPMP cannot be approved as medically necessary at this time.

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)