

SENT VIA EMAIL OR FAX ON
Feb/02/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/31/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

chronic pain management X 10 sessions

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work-related injury on xx/xx/xx. Patient was performing her usual job duties when records indicate she began experiencing intense pain in her low back upon bending over. Records indicate patient was treated with an injection and released home with pain mediations. She noted that this problem was worse the next day, leaving her unable to walk. She reported to the company doctor, who ordered and reviewed MRI results and sent her for a surgical consult with Dr. Dr. performed numerous

lumbar surgeries and a SCS implantation and removal, with accompanying injections and physical therapies. Patient transferred her care to Dr. when Dr. 's practice was closed. Dr. had to replace/repair hardware in her back twice. Patient reports, and records indicate, that she has had over 15 lumbar surgeries during the course of her care. She has not been able to work since the accident and failed surgeries.

Over the course of her treatment, patient has received x-rays, MRI's, numerous surgeries, and has been treated conservatively with active and passive physical therapy and medications management. She currently is prescribed 3-4 Hydrocodone/day for pain and Ambien for sleep.

In a letter dated June 13, 2008, Dr. disputes the insurance company's prognosis for this patient, stating that "The short and long-term prognosis regarding her back is very poor". He goes on to state: "The patient will always have back pain. She already had permanent radicular pain with numbness to booth lower extremities. She has severe scar tissue present in her entire cauda equina due to all her surgeries. This patient will depend on narcotics and pain management in most of her life. This patient does not have cauda equina syndrome and she does not have loss of bowel or bladder control so far. The durable medical equipment she may need includes a walker, maybe a wheelchair, and braces." Dr. referred the patient for evaluation for CPMP, which is the subject of this review.

Patient presented on 11-26-2008 for the initial behavioral review. At the time of the initial eval for CPMP, claimant was exhibiting the following symptoms: constant back pain that ranges from 6-9/10 VAS, with medications. She described the pain as stabbing, aching, and burning. Factors that increase the pain are sitting, standing long periods, walking and weather changes. Medication and rest decrease her pain. Sleep is limited to 4 hours due to pain. Since the injury, patient struggles with psychosocial stressors to include decreased finances, abandonment by her husband, decreased pleasurable experiences, decreased ADL's , isolation, hopelessness, and helplessness.

Mental status showed patient to be alert and oriented x 3, open and cooperative. She ambulated with a cane and cried throughout the interview. BDI score was 29, in the moderate-severe range, and BAI score was 34, in the severe range. Patient denies any history of pre-existing depression or ADL problems prior to the injury. Current diagnoses include: failed back syndrome and pain disorder associated with both psychological factors and a general medical condition. This request is for the first ten days of a chronic pain management program. Goals include, but are not limited to: improved physical, emotional and interpersonal functioning, decreased pain and improved mental status, improved patient mobility, and decreased isolation and hostility.

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

Patient has continued low back pain subsequent to her injury and subsequent numerous failed surgeries. She has received evaluations from an orthopaedic specialist and a psychotherapist both of whom agree patient needs a CPMP. Previous methods of treating the pain have been unsuccessful, and patient is not a candidate for any other significant interventions at this time. Patient appears to have followed all doctor recommendations to this point, and reports motivation to continue to follow recommendations that would improve her so she can regain some quality of life and retard her downward progression.

She has a significant loss of ability to function independently resulting from the chronic pain and surgical traumas, both physical and behavioral, and there are no reported contraindications in the records available for review that would preclude her ability to benefit from this program. Therefore, the current request is deemed medically reasonable and necessary, per ODG criteria.

ODG recommends CPMP for this type of patient, and ODG supports using the BDI and BAI, among other tests, to establish baselines for treatment. Bruns D. 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)