

SENT VIA EMAIL OR FAX ON  
Feb/05/2009

# Applied Resolutions LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/28/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

10 sessions of Chronic Pain Management

**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 11/17/08 and 12/16/08

Healthcare Systems 10/21/08 thru 12/4/08

Medical Advantage 9/15/08 thru 11/10/08

PPE 10/21/08

Record from Dr. 9/23/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man who was injured xx/xx/xx. He subsequently underwent a 360 degree fusion at L5/S1 in 2001 or 2002 (Dr. He continued with low back and bilateral lower extremity complaints. He had been in a work hardening program in the past, but XX did not provide the date. He remains depressed. He was found to be at a subsedentary level of function in an FCE in October. He is on Metformin (presumably for his diabetes), morphine, Neurotonin and Effexor. The Reviewer could not determine if the Neurotonin is for a diabetic neuropathy or from the back problems. The Reviewer could not determine if the Effexor was for a diabetic neuropathy, back problems or depression. There is a request for 10 sessions of a chronic

pain program (originally 20 were requested in report). The psychological assessment by the counselor, showed chronic pain and major depression. He had no prior response to treatments and had not had any preexisting psychological issues. Dr. examined him on several.

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

This man is nearly xx years post injury and xx years post surgery. He has not had a successful response to any of the prior treatments. He remains on morphine.

The Reviewer did not see where Dr. planned to reduce morphine in his 10/13 or 9/15 notes. Rather, he addressed dose adjustment with appropriate increased function. Counselor said there is a note that Dr. wrote about pain medication reduction. Counselor wrote that this man was motivated to return to some form of work. There is nothing written about his outlook for future employment (predictor 3). Predictor 7, the duration of the pre-referral disability time also appears to be significant (xx years post surgery, xx post injury). Further, he remains on morphine (predictor 8). Further, the likelihood of returning to work is markedly reduced to less than 1% after 2 years. He is nearly xx years post injury. The writer does state "but individuals with long-term disability still achieved respectable RTW justifying use of the program."

The issue over the use of pain medications remains. The Reviewer did not see any issue about abuse. The argument for and against the use of chronic opiates is an issue, however, if Counselor is correct, then one goal is the reduction of the use of pain medications. This is a factor to be considered in the Texas Medical Board Rule (170) as well. Although the prognosis for pain control and return to work is guarded based upon the discussion in the ODG, there is no likelihood of favorable one without the intervention. One remaining caveat is the issue of the prior work hardening program. As noted, it can not be reconsidered (Criteria 11) "At the conclusion and subsequently, neither re-enrollment in nor repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury." Counselor wrote for 20 days of pain management, but the request is only for 10.

**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 KNOWLEDGBASE

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)