

SENT VIA EMAIL OR FAX ON
Jul/01/2009

IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 X 4

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 5/1/09 and 5/13/09

Healthcare 4/29/09

Treatment Plan Review 4/27/09

Dr. 12/19/08 thru 3/11/09

Dr. 11/19/08 thru 1/9/09

Dr. 3/30/09

Dr. 5/13/09

Report for Medical Eval 3/6/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured in xx/xxxx while performing his regular job duties .

Psychiatric assessment of xx/xx/xx states that "a pallet came half way from his left side".

Report further states "since then he has been having pain, back aches, and pain in the left side of his body. He also related being increasingly depressed because of all the

consequences of being unemployed and not having any source of income.” Report doesn’t say whether patient has ever attempted to go back to work, but he is currently in an off-work status.

Since the injury, DD exam states that patient has been given diagnostics to include cervical MRI, right shoulder MRI (normal), and lumbar MRI, which showed 3 mm L5-S1 diffuse central disc protrusion without nerve root involvement. Patient has no documented radiculopathy, but shows subjective symptoms. Patient is not a surgical candidate, and was given a 9% whole person impairment rating with an MMI date of 3/6/09. FCE conducted on 4/29/09. Results showed patient performing below the required Medium PDC that his work requires. Recommendation was for “a psychological evaluation at this time, due to behavior which strongly suggests the patient to be pain-focused and self-limiting when performing muscle strength testing, lifting, carrying and bending. I feel these issues need to be addressed before the patient can benefit from any additional therapy at this time.”

Current treatment appears to be individual therapy and medications, to include anti-depressant medications. Patient previously received 7 IT sessions, which accomplished the goal of getting patient’s suicidality under control. BDI decreased from 39 to 31, still in the severe range, and BAI decreased from the severe to the moderate range. Mental status exam states that affect was sad, despondent and mood was depressed but not actively suicidal. Patient is diagnosed with shoulder, cervical, and lumbar strain/sprain. One report says there is no rotator cuff tear, but request for CPMP lists axis III rotator cuff tear. He is also diagnosed with 307.89 pain disorder, 780.5 sleep disorder, v61.21 relational problems related to a general medical condition, and 296.23 major depressive disorder, single episode, in remission with psychotropic medications and counseling, psychotic features. Psychiatric evaluation diagnoses MDD, single, without psychosis. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: encourage a change of focus from pain to functioning and return to the work force, reduce pain and symptomatology, decrease reliance on medication, especially narcotics and sedatives, improve mobility, decrease emotional distress, depression, and anxiety, address self-defeating thoughts and negative thinking patterns, address any chemical dependency and addiction issues as apply to this patient, improve patient’s perception of self and willingness to recover, etc.

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

Goals for the program are vague and generalized, and not really individualized for this particular patient. There is nothing in the report that gives a cogent history, complete testing that elucidates strengths and weaknesses, and no individualized treatment plan that ties this all-together. There is no H&P from the treating physician, no specific titration schedule with regard to any narcotic medications, and no specific vocational plan. Diagnoses given differ from report to report, and this is never explained. Patient has probably had some interventions in the past, which he may or may not have benefited from, but these are again not elucidated. It does appear that patient responded reasonably well to 7 IT sessions, and more of these can be applied for, as ODG recommends a stepped-care approach to treatment. Given the above-mentioned contraindications, the current request cannot be considered reasonable or 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)