

SENT VIA EMAIL OR FAX ON
Jul/02/2009

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

DATE OF REVIEW:

Jun/26/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 X 2

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 5/8/09 and 6/3/09

4/28/09 thru 6/15/09

Injury Center 4/16/09 thru 5/26/09 Ongoing high levels of stress.

OP Report 4/13/09

Pain Consultants 1/30/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx-xx-xx. I did not have details of the injury. He had back pain going to the right lower extremity. Although the MRI and EMG reports were not provided. The records provided state he had bilateral compression of the L5 root, especially on the right, and a right L5 radiculopathy on his EMG. Dr. cited that he is able to function at a heavy PDL, but his job as a ramp agent required him to be at a very heavy PDL. He did not get relief with lumbar ESIs and facet injections. Dr. said he is deconditioned and has poor coping skills. He had group psychotherapy, but this did not show any significant reduction in his pain, anxiety and depression. He made minimal progress. Dr. wrote that "Patient had difficulty reducing pain level, and resisted eliminating his negative self talk and thought pattern." He does not appear to be overusing pain medications.

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

The request is for a multidisciplinary program. The ODG cites this is to include physical and psychological programs. The program discussed by Dr. emphasized the psychological program as his problems were with pain coping, depression and anxiety. There were none of the negative predictors present. There need to be objective and subjective signs of improvement. I presume that the FCE was previously performed will qualify, although how much further improvement is subject to question. One key point, Dr. and others noted, is the plan to try to avoid surgery. This is discussed criteria 4. The Reviewer's concern is the need for an active physical therapy program, while the discussed program emphasizes treatment of his psychological issues. The Reviewer's medical assessment is that the 10 sessions proposed are justified. The Reviewer is not sure how much success will occur considering the limited progress with the prior group therapies. As mentioned, it is justified to reduce the likelihood for back surgery.

Chronic pain programs (functional restoration programs)

The training program is partly based on physical training and partly on behavioral cognitive training.

....negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain

(4) If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided.

(7) There should be documentation that the patient has motivation to change...

(10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains.

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)