

SENT VIA EMAIL OR FAX ON  
Jun/01/2009

## True Decisions Inc.

An Independent Review Organization  
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**DATE OF REVIEW:**

May/27/2009

**IRO CASE #:**

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

Chronic Pain Management 5 X 2

**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 4/28/09 and 5/4/09

3/16/09 thru 5/13/09

PPE 3/11/09

**PATIENT CLINICAL HISTORY SUMMARY**

Records reviewed from the FCE reveal that the claimant is a female who sustained a work-related injury on xx-xx-xx while performing her usual job duties. Records indicate that on the date mentioned, when she experienced a sharp pain in her back. As her pain and discomfort did not subside, she reported the incident to her supervisor and went to the ER as instructed. There, she received an injection for the pain, was prescribed medications, released, and told to follow-up with a physician. Since this time, patient has not returned to work.

Insurance records indicate that over the course of her treatment, patient has received the following diagnostics and interventions: lumbar MRI's, epidural blocks x 2, surgical consultation (ruled out), chiropractic interventions, 6 session of physical therapy, 6 individual therapy sessions, FCE, and medications management. Diagnoses have included: lumbar strain/sprain, lumbar bulging disks at L3-L4 and L4-L5; lumbar diffuse disk bulge at L5-S1; post-traumatic low back pain; and left LE radiculopathy. Per the FCE history, she has received two impairment ratings, one at 10% and another at 5%. Patient is currently

prescribed Vicoden ES, Diclofenac 100 mg., Tramadol 50 mgs., Cyclobenzaprine 5 mgs., and Famotidine 20 mgs. (frequency unknown).

Patient was suggested for, and completed 6 sessions of individual therapy. During this time, report shows that patient was making good progress, and that many of her goals had either been met, or she was still progressing toward them (BDI decreased from 29 to 23, BAI decreased to WNL, and reported pain decreased from 8 to 6). Letter of medical necessity written by her physician indicates his support of a chronic pain program for this patient.

Patient was evaluated by, where they found the following complaints/symptoms: Average pain at a 6/10; driving tolerance of 35 minutes; sitting, standing, and walking tolerances of 30 minutes each; reported inability to clean her own house; sleeping 6 interrupted hours per night, and a decrease in socialization. Patient ascribed to life style changes, economic distress, and primary worries of losing confidence in herself, feeling useless, feeling a lack of control in her life, feeling unattractive, and feeling disappointed at herself. There was no mental status exam or medical assessment included in the submitted documentation. Axis V diagnoses were: 307.89 pain disorder associated with both psychological factors and a general medical condition and 309.28 adjustment disorder with mixed anxiety and depressed mood. Patient was requested for the first ten days of a chronic pain management program, with goals of "...return to a higher level of functioning, decrease pain and symptomatology, improve functioning physically, emotionally, and interpersonally, decrease reliance on medication, improve client mobility through training and activity rest cycling, decrease emotional distress, depression, and anxiety...improve sleep duration.., address self-defeating thoughts, increase perception in her level of functioning, increase levels of daily activity from 4 to 8 hours, increase GAF from 60 to 80, decrease pain level from 6 to 1, and increase periods of sleep from 6 to 9 hours."

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

ODG states that "an adequate and thorough evaluation" has to have occurred, which should include baseline functional testing so follow-up with the same test can note improvement or lack thereof. Unfortunately, there are few specific, individualized, and objective end treatment goals in the behavioral report for this patient, no clinical level baselines reported, no significant testing, no titration schedule or mention of medications, no patient history, and no mental status exam. Physical goals only show increasing cardio and strengthening exercises from 5 to 15 minutes per day. No specific vocational goals were addressed

There also appear to be generalized patient goals that may not be applicable to this particular patient. For example, the goals include addressing hostility, self-defeating thoughts, and maladaptive beliefs, although these are not assessed and it is therefore unknown whether or to what degree patient has these issues. There is also no explanation for why the IT sessions were discontinued, as patient did not seem to have plateaued.

TDI-DWC has adopted the ODG treatment guidelines as the standard for non-network workers' compensation claims. Based on ODG criteria and the records submitted for review, the current request is deemed not medically reasonable and 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)