

SENT VIA EMAIL OR FAX ON
Nov/02/2009

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management X 10 days

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 8/31/09 and 9/23/09

Peer Review 8/27/09 and 9/21/09

Behavioral Health 12/31/08 thru 9/18/09

PPE 4/9/09

Dr. 8/5/09

Dr. 7/2/09

Pain Management 1/27/09

Dr. 1/8/09

Mental Health Eval 7/2/08

Ortho 8/1/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured in xx/xx/xx while performing his regular job duties. Psychological assessment of 08-09 states that patient was attempting to put an engine into a

train when the cable snapped, catapulting him 27 feet into the air. He landed on his right side, sustaining injuries to his right elbow, wrist, and knee. Patient was taken to the emergency room, where he was given x-rays and diagnosed with fracture to the wrist and elbow and given a knee immobilizer. He later received surgery on his knee xx/xx/xx to repair right patellar tendon. Patient has not yet reached MMI, per DD exam conducted on 4-9-09, and has not been able to return to work.

Since the injury, claimant has received the following diagnostics and interventions: x-rays, MRI's (positive), surgery x1 (right knee), surgery x3 (MRSA infection to right knee), 1 month of hospitalization, post-surgical physical therapy, individual therapy x12, and medications management. Current medications include Norco 10/325 and Oxycontin for pain and Flurazepam for sleep. FCE conducted on 4/29/09. Results showed patient performing at a sedentary PDL, and ambulating with a cane. Patient showed good effort, but was unable to perform anywhere near the Heavy PDL required for his previous construction industry job. Recommendation at this time from his treating doctor is 10-day trial of chronic pain management program, which is the subject of this review.

Current treatment appears to be individual therapy and medications. Current psychometric testing shows Pain Experience Scale score=58, indicating a moderate reaction to his pain when symptoms are most severe. He scored a 14 on the BDI and a 22 on the BAI, showing a decrease in anxious symptoms post- individual therapy. Mental status exam states that affect was sad, despondent and mood was depressed but not actively suicidal. Sleep questionnaire shows moderate to serious sleep disturbance, with patient awakened with pain. Vocationally, patient states an interest in local driving, wanting to get out of the construction industry. He has a 7th grade education and no GED, which he does not believe he needs to pursue this type of driving. Treating physician note of 07-02-09 states that "he continues to have difficulty with his daily living activities secondary to right knee complaint. He has use of his right leg brace and cane which does help him. His daily living activities continue to be altered moderately secondary to his physical complaints. At night, his knee pain does continue to bother him and wake him up." Office note of 08-05-09 shows that weaning of patient medication is beginning. Patient is diagnosed with 309.9 Adjustment disorder, V62.2 Occupational Problem, and V62.3 Academic Problem. 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, cognitive-behavioral intervention for decreasing depressed/anxious mood, decrease smoking, improve mobility, overall strength and gait.

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

Patient is young, has a clean work history, and appears motivated to return to work. He benefited from the individual therapy sessions he received, even though his house burnt down during this time and he and his family lost their house and belongings and had to be relocated. Goals for the program are well developed and appropriate and include step-down from his narcotics. Contraindications are limited. Patient is not at MMI, still has a knee brace and ambulates with a cane. He will need intensive intervention to return to work as a truck driver. As such, request is considered medically necessary and reasonable.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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