



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 10/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management program x10 days/sessions

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Board of Examiners of Psychologist

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 10/07/2009
2. Notice of assignment to URA 10/07/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 10/05/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 10/02/2009
6. Workers' compensation demographic sheet
7. letter 09/09/2009, 08/19/2009
8. Reconsideration request 09/04/2009 & 08/17/2009, medical note 08/05/2009, referral 07/23/2009, PPE 06/29/2009, behavioral med consult 08/25/2008, MRI 08/07/2008 & 07/22/2008, medical note 06/20/2008, MRI 04/10/2008 & 03/13/2008
9. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The injured employee reportedly sustained an injury on xx/xx/xx. She had reportedly gone outside of the store and tripped on a doormat when coming back into the store and fell on her face, cutting her face and injuring her neck and her shoulder. She has reportedly received conservative care and some injections in her neck. She has reported headaches and was treated by two neurologists and had an MRI of the brain with no significant findings. A physical performance evaluation dated July 29, 2009, notes that the injured employee's job requires a light-medium physical functioning level, and she was functioning at a sedentary light physical functioning level. A request for 10 initial days of a chronic pain management program dated



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August 17, 2009. All of her subjective symptoms of distress were noted to have increased, ranging from 14% to 125% following individual therapy. She reportedly attempted 10 days of a work-hardening program but was unable to increase her physical functioning level. Her Beck Depression Inventory was noted to be 18. A trial of chronic pain management was recommended but was denied on August 19, 2009, and it was stated that the claimant had undergone 10 days of work hardening without reaching her goal or performing at her required physical demand level of light-medium. Documentation suggests that she continued to experience "anxiety, fear avoidance, depression, sleep disorder, and nonorganic-illness behaviors" after the work hardening and individual psychotherapy. There was no documentation as to what prevented the claimant from fully benefiting from the individual psychotherapy and the work hardening. Furthermore, no clear necessity for the CPMP was provided beyond what had been provided for the work hardening. An appeal for 10 days of a chronic pain management program dated September 4, 2009, notes that the patient did not progress in work hardening partly due to her fear avoidance and fear of re-injury. It also notes that she continues to rely on catastrophizing, and her only chance at a successful return to work would be a chronic pain program. This request was again denied on September 9, 2009.

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

The injured employee has had extensive treatment for her injuries. She has attempted a tertiary program that she reportedly failed, and it is not clear how any of her reported head-injury symptoms were addressed. It is not clear why an attempt to return to work has not occurred. Given the number of injuries noted through the injured employee and the limited documentation available from the doctors and their recommendations regarding follow-up evaluation, it is not clear that the injured employee is a reasonable candidate for a chronic pain management program based on the Official Disability Guidelines. There is insufficient evidence to establish necessity of ongoing treatment given the limited information available and the lack of objective evidence of improvement.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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



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- 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)**