

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct 15,2009

**IRO CASE #:**

XXXXX

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

Chronic Pain Management Program x 8 hours for 5 days a week x 2 weeks

**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**

Adverse Determination Letters, 8/11/09, 9/10/09  
Initial Diagnostic Screening, 3/3/09  
Treatment Progress Report, 8/3/09  
XXXXXXXXXX, Response to Denial Letter, 8/11/09  
CPMP Patient Treatment Goals and Objectives, 8/3/09  
Operative Report, 1/24/07  
Progress Notes, 8/10/07, 8/15/07  
FCE, 12/19/08  
Note, 12/23/08, 2/3/09, 6/29/09  
Treatment Progress Note, 4/29/09, 5/7/09, 5/26/09, 6/4/09, 6/9/09, 6/15/09  
ODG-TWC

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured on XXXXXXXX when the truck he was driving rolled over, causing injury to his left shoulder and left rib. Since then he has been reporting continued cervical, shoulder, and knee pain. Records indicate he is increasingly upset because of all the consequences of being unemployed and not having any source of income.

The patient worked for several months after his surgery, but he is not currently working.

Initial diagnostic screening for the pain program states that patient has been given diagnostics/interventions to include x-rays, MRI of the shoulder (positive for high grade tear of the supraspinatus tendon), cervical MRI (negative), left knee MRI (negative), FCE's, rotator cuff repair surgery, 17 sessions of post-surgical physical therapy, 12 individual therapy sessions, and medications management.

Medications prescribed included: Norco, Anaprox, Ultram, Flexeril, and Skelaxin. The patient's insurance company has denied these medications, and so he currently takes OTC Advil.

The patient currently rates his pain as 5/10 and states it is constant, although results of IT sessions show pain at an average 8/10. He describes depression, cervical pain, and knee pain. His mental status exam showed no difficulty with gait and no abnormal mood or affect. Patient has been put at MMI. One note states that FCE shows patient functioning at the Sedentary-Light range, however the FCE submitted for review shows abilities at the Light-Medium range.

The patient recently received 12 IT sessions. Individual therapy notes available for review show the patient was given case management and social support, but not cognitive-behavioral treatment. The result of the 12 sessions of IT is that the patient's scores across almost all measures except BDI worsened. BDI decreased from 20 to 19, still in the moderate range, and BAI increased from 15 to 18. Patient is diagnosed with shoulder, cervical, knee, and elbow pain; mixed adjustment disorder, and 307.89 pain disorder. Axis II is deferred, but BHI-2 shows characterological indicators (patient feels unloved, mistreated, projects blame, and has entitled expectations). The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: decreasing BDI, BAI, and sleep inventory scores, develop an appropriate vocational plan, and reduce perceived pain level by 4 points.

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

The goals referenced in the records for this patient's participation in a pain management program do not appear to be individualized for this particular patient. There are numerous discrepancies between reports in the record with regard to his medications, actual pain level, actual PDL, mental status, and compensable body parts. There is no explanation in the records for previous failures in physical therapy, return to work, and 12 sessions of individual therapy. The result of the 12 sessions of IT is that the patient's scores across almost all measures except BDI worsened. The patient has several negative predictors that have not been addressed in the medical records, including that the patient has not responded or improved with the treatment to date. The current request cannot be considered medically necessary. The request does not conform to the ODG criteria for admission to a Chronic Pain Management Program. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 8 hours for 5 days a week x 2 weeks.

#### **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)