

SENT VIA EMAIL OR FAX ON  
Sep/01/2009

## True Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Sep/01/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Chronic Pain Management X 80 hours

**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 7/10/09 and 7/17/09  
Claims Management 8/17/09  
7/7/09 and 6/30/09  
Back 5/28/09 thru 6/30/09  
FCE 6/30/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a xx year-old female who reports injuring her back on xx/xx/xx subsequent to pushing/pulling on a heavy pallet while performing her job duties as a for. Patient went to the ER the next day, where records indicate she was evaluated and released, apparently without needing treatment. Patient has not returned to work since the injury. She currently complains of cervical, thoracic, and low back pain, bilateral lower extremity pain, as well as numbness and burning in her feet, and some bowel incontinence. She has been treated

conservatively with physical therapy and spinal decompression. No surgery is recommended. She has prior history of spine surgery, high blood pressure, rheumatoid arthritis, and right carpal tunnel release.

To date, patient has received the following services for the injury: MRI's, conservative chiropractic interventions, FCE, EMG/NCV (negative), and medications management. Patient currently is prescribed gabapentin, Soma hydrocodone, and diazepam.

FCE puts patient at the below sedentary PDL, well below what is required to return to work in a warehouse setting. Patient has been referred for CPMP, and that is the subject of this request.

Patient was evaluated by Back Institute on 6/25/09 and 6/30/09. Patient presented with high levels of distress and WNL anxiety, per CES-D and BAI. Her pain level is rated, on average, 8/10, and patient uses maladaptive coping techniques such as distraction, guarding, and bracing to deal with her pain, and has a heightened fear of re-injury. MMPI-2 shows high introversion score. Oswestry of 60 shows severe perception of disability. PAIRS score was 68 and SOAPP was 5. Patient was diagnosed with 307.89 chronic pain disorder and Axis II was deferred. This request is for initial 80 hours of a chronic pain management program.

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

Although patient reports motivation to continue to follow recommendations that would improve her so she can go back to work, FCE shows 9/16 Waddell symptoms present, with patient unable to perform most tasks, and testing out at the below sedentary level. Depression is alluded to in the various reports, but MMPI appears to categorize this as a personality trait versus state-related, and depression vs. "distress" per the CES-D, is not explained. Mood on the mental status is described as "guarded" and affect is not assessed. Axis II is deferred, but this is not explained in the reports available for review, and no further follow-up testing is suggested.

Office note of 5/28/09 by Dr. concludes that "We explained to [patient] and her husband who was present that we were unable to find anything based on our exam, or any of the imaging studies or reports available to us, suggesting that her discomfort or generalized motor group weakness is originating from spine pathology." It is not determined in the report where the problems might be originating from.

Overall, there appear to be some inconsistencies in patient's reports that need to be further evaluated and addressed. Specifically, issues of "poor effort" need to be evaluated to R/O malingering vs. fear of re-injury vs. specific secondary gain issues or other possible explanations.

TDI-DWC has adopted the ODG treatment guidelines as the standard for non-network workers' compensation claims. Based on ODG criteria, the current request is not deemed medically reasonable and necessary at this time, since a more appropriate assessment that clarifies the above issues needs to be conducted. ODG recommends a stepped-care approach for appropriately identified patients, and this has also not occurred 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)