

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of chronic pain management

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 7/24/09 and 8/18/09

6/8/09 thru 8/26/09

6/1/09

PATIENT CLINICAL HISTORY SUMMARY

Records reviewed from the conducted in , reveal that the claimant is a xx year-old female who sustained a work-related injury on xx/xx/xx while performing her usual job duties as a . Records indicate that on the date mentioned, claimant had been at her job for 2 weeks, and was in the process of walking to take her break when she was struck in the right shoulder by a forklift, causing her to fall to the ground. She sustained injuries to her right hip, lumbar spine area and bilateral wrists and thumbs. On 10/20/08, patient found a treating doctor who prescribed medications and "noted her condition as favorable even though the shoulder strain/sprain might prove to be a stubborn one". Patient was placed at MMI on 1/15/09 and given a 3% WPI rating. Patient has not been returned to work, and current request is for a 10-day trial of a chronic pain management program.

There are no records submitted with the request that indicate the interventions the patient has received over the course of her treatment. Current medications (prescribing doctor

unknown) are related as: EC-Naprosyn 500 mg, Tylenol 500 mg, and Cyclobenzaprine 5 mg (dosages per day not noted). A shoulder sprain/strain diagnosis is mentioned in the FCE report, but diagnoses regarding her other involved body parts are not mentioned.

Patient was evaluated by on 6/8/09, where they found the following complaints/symptoms: Average pain at an 8/10. There were no descriptors of patient pain pattern given, and no explanation of factors that increase/decrease her pain. BDI was measured 4 months previous as a 32 (Severe), even after individual therapy sessions and BAI was a 25, down from 27. There was no mental status exam or patient history given in the report available for review. 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 patient mobility through training and activity rest cycling, decrease emotional distress, depression, and anxiety, improve sleep duration, aid patient in dealing with stressors, address self-defeating thoughts, increase perception in her level of functioning, decrease Beck Anxiety Inventory, decrease Beck Depression Inventory, increase levels of daily activity from 30 minutes to 8 hours, increase GAF score from 66 to 85, decrease pain level from 4 to 1, and increase periods of sleep from 6 to 8 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 no specific and objective end treatment goals in the behavioral report for this patient, no clinical level baselines reported, no significant testing (BDI and BAI scores are 4 months old and therefore not valid), no titration schedule or mention of how the pain team physician will titrate the medications, and no mental status exam. Additionally, although FCE was conducted which shows patient at the Sedentary-Light PDL with goal of Medium, and includes an FABQ which shows need for supervised physical rehab, there is absolutely no medical report available that shows H&P, a diagnosis, treatment plan, diagnostics, co-morbid disorders, etc. Obviously, an "adequate and thorough eval" for a multi-disciplined pain program should include a report from a medical doctor

There also appear to be generalized patient goals that may not be applicable to this particular patient. For example, the goals include addressing 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 are also two different patient names on the behavioral eval available for review, and two different pain levels reported (8/10 and 4/10 VAS).

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.

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)