

SENT VIA EMAIL OR FAX ON
Sep/21/2009

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Decision 9/23/09 (Date of Injury)

Date of Notice of Decision: Sep/21/2009

DATE OF REVIEW:

Sep/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Managemtn Program 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 7/27/09 and 8/20/09

Rehab 6/2/09 thru 8/17/09

FCE 2/13/09 and 11/21/07

Medical Centers 6/25/09

Diagnostic Report 10/15/07

EMG/NCV 2/1/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx performing her regular job duties, when she fell, injuring her right knee. Patient was diagnosed with ACL tear, and ACL repair was accomplished 9/11/08. Patient continues with pain and disability complaints and has not been returned to the workforce.

Since the injury, patient has been given diagnostics and interventions to include: EMG/NCV, surgery x 1, steroid injection, individual psychotherapy, a structured physical therapy program, and medication management. Axis III diagnosis is s/p ACL repair. FCE placed the patient at a sedentary level, able to lift/carry 20 pounds on an occasional basis. Job requirement is Medium PDL. Patient has been referred by her treating doctor, Dr. for a chronic pain management program, which is the subject of this review.

Current initial and team treatment reports relate patient reporting difficulty with walking more than 60 minutes, standing more than 45 minutes, and standing more than 45 minutes. She is reported to have initial, intermittent and terminal sleep disturbance with average 3 hours sleep per night. Patient is reported to have pain related symptoms of nervousness and agitation. Psychometric testing shows moderate depression and anxiety (BDI of 22 and BAI of 19), moderate disability complaints (ODI of 38). Perception of pain is rated as 9/10, on average. Team treatment report states that patient is no longer taking any prescription medication for her pain. Patient is diagnosed with Axis I Pain Disorder and Axis II deferred. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: decrease pain, to be active again, to return to the workforce, to reduce stress and sleep better, and to learn limitations.

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

Goals for the program are vague and generalized, and not really individualized for this particular patient. There are also inconsistencies between the reports that are not addressed. For instance, the FCE report puts patient at the Light PDL, but behavioral report states that she can lift up to 40 pounds. The behavioral report of 6/2/09 also states that patient is not on any pain medications, but physician prescription of 6/26/09 shows patient prescribed Mobic, Vicodin, Tramadol, and Ambien. Additionally, physician report of 6/25/09 gives assessment of left knee derangement and prescribes CPMP to address ongoing pain, weakness, and instability. However, there is no notation in the records available for review that discuss referral back to surgeon to assess and make recommendations regarding current status. ODG states that an adequate and thorough evaluation has to have been made. These evaluations do not address discrepancies and also do not address why patient has failed previous interventions of physical therapy and individual therapy. It is unclear how many IPT and PT sessions patient was approved for, whether she was compliant in attending these, and what benefit, if any, she received. A stepped-care approach to treatment is recommended by ODG, and report is unclear whether this has yet to be accomplished. Additionally, there is no specific titration schedule with regard to her narcotic medications, and no specific vocational plan or information about whether previous job is even still an option. Explanation regarding why Axis II was deferred is also not elucidated in the report or any other notes. Given the above mentioned contraindications, the current request cannot be considered reasonable or medically 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)