SENT VIA EMAIL OR FAX ON
Aug/02/2010

P-IRO Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 days chronic pain management program

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)
[X] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 6/4/10, 6/10/10, 6/14/10
5/24/10 thru 7/14/10
MRI 1/12/10
PPE 6/19/10
Minor Emergency 4/7/10
C-Spine 2/6/06
Peer Reviews 6/3/10 and 6/10/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who was injured on xx/xx/xx performing her regular job duties, when she sustained a slip and fall type injury to her low back. Currently, 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: thoracic and lumbar MRI, physical therapy, brief course of Psychophysiological intervention which showed progress with improving patient's subjective pain experience and coping skills, neuromuscular reeducation, individual psychotherapy, and medication management. Claimant is currently prescribed Naproxen 500 bid and Zanaflex bid. Axis III diagnoses are: lumbar IDD, neuralgia, neuritis and radiculitis (unspecified), disorders of muscle, ligament and fascia, and cervical sprain/strain. OT eval and PPA placed the patient at a sedentary level. Job requirement is light-medium PDL. MRI showed normal thoracic spine series, 2 mm disc protrusion at L5-S1, and mild degenerative changes at L1-L2, L4-L5, and L5-S1. Patient has been referred by her treating doctor, as well as the referral medical doctor for a RTW chronic pain management program, which is the subject of this review.

Current medical and PPA evaluation relate patient reporting difficulty with the following ADL limitations: overhead reaching, stooping, crouching, crawling, balance, squatting, and kneeling. Other findings include sever hypertonicity of the lumbar paraspinal muscles on the right. Patient is reported to have reduced sleep and increased weight gain since the injury and associated pain. Psychometric testing shows moderate depression and severe anxiety (BDI of 26 and BAI of 34). Somatization score of 42 on the P-3 shows that "somatic problems are of significant concern, but the patient is usually capable of participating fully in Physical treatment for pain relief." Patient tested above the cutoff level for significant fear- avoidance beliefs related to both physical and work activities. He reports significantly maladaptive score on the Survey of Pain attitudes for control, harm, medication, medical cure, and solicitude. Perception of pain is rated as 8/10, on average. Sleep is reported a 6 interrupted hours per night. Patient is diagnosed with Axis I Pain Disorder and depressive disorder. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: decreasing injury-related depressed/anxious thinking, improving sleep patterns and coping skills, vocational counseling, elimination of all medications, and return to pre-morbid PDL of light-medium.

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

Patient has continued back pain after conservative interventions, and has received evaluations from a medical doctor, a psychologist, and an occupational therapist, all of whom agree patient needs a CPMP. Previous methods of treating the pain have been unsuccessful, and patient is not a candidate for other treatment options that will produce significant improvement. Patient appears to have followed all doctor recommendations to this point, and reports motivation to continue to follow recommendations that would improve her so she can go back to work. She has a loss of functioning complicated by fears regarding her future employability and fear of re-injury, and appears unable to return to work at her previous PDL without a formal return to work program. Additionally, patient will be undergoing elimination of the meds she currently uses. All 15 criteria for entrance into a chronic pain program have been established, as per ODG, and there are no reported contraindications in the records available for review. Therefore, the current request is deemed medically reasonable and necessary, per ODG criteria. .

ODG recommends CPMP for this type of patient, and ODG supports using the BDI and BAI, among other tests, to establish baselines for treatment.

Bruns **D. Colorado Division of Workers' Compensation, Comprehensive Psychological Testing: Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. 2001.**

See also:

Mayer TG, Gatchel RJ, Mayer H, Kishino ND, Keeley J, Mooney V. A prospective two-year study of functional restoration in industrial low back injury. *JAMA*. 1987 Oct 2;258(13):1763-7.

Sanders SH, Harden RN, Vicente PJ. Evidence-Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Nonmalignant Pain Syndrome Patients. World Institute of Pain, *Pain Practice,* Volume 5, Issue 4, 2005 303–315.

Haldorsen EM, Grasdal AL, Skouen JS, Risa AE, Kronholm K, Ursin H. Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. *Pain.* 2002 Jan;95(1-2):49-63.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)