

SENT VIA EMAIL OR FAX ON
Jul/27/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5 X wk X 2 wks (80 hours) related to cervical and lumbar

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
10/28/09 thru 6/16/10
FAE 4/9/10
Medical Center 3/26/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx performing her regular job duties. On the above-mentioned date, claimant was injured when she attempted to lift a 50-pound box. Patient currently remains in an off-work status.

Since the injury, patient has been given diagnostics and interventions to include: FCE's, eval for individual counseling, nerve blocks, a structured physical therapy program, cervical and lumbar MRI's, and medication management to include Vicoden and Flexeril. Patient is diagnosed with cervical and lumbar IDD, lumbago, chronic pain syndrome, cervicalgis, cervical neuritis, and lumbar neuritis. FCE placed the patient at a light Physical Demand level. Job requirement is Heavy PDL.

Behavioral report of 10/28/09 relates patient reporting restrictions due to injury are; walking, laying, standing, sleeping (more than 4 hours), lifting, sitting, reaching, and squatting. There is also an elevate FABQ regarding work activities. Average pain is rated 9-10/10. Psychometric testing shows depression score increasing from 30 to 41but decreasing score on the Brief Pain Inventory Short Form. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: decrease pain and depression, improve physical endurance, and vocational return.

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

It appears from the documents submitted that the original evaluation was conducted 10/09 and recommendation was for 4 IT sessions. Six months later, patient was "re-evaluated" with repeat administration of the same tests. Recommendation at this juncture was CPMP. Re-eval report shows that patient scores have changed somewhat overall since the first exam, but there is no explanation as to why the first request for IT was never followed through with, or why the request is now CPMP vs. IT. Also, patient pain scores are still very high (9/10 average), a negative predictor of outcome. A stepped-care approach to treatment was originally planned, but not followed in this case, and this is what ODG recommends. Additionally, it appears from the response to denial that IT may not even be included in the current planned programming, stating, "The patient's participation in the chronic pain program may be modified to include psychotherapy sessions...". As such, medical reasonableness cannot be established.

ODG 2010 online Pain chapter, Psychological evaluations and Chronic Pain Management sections

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)