

SENT VIA EMAIL OR FAX ON  
Jul/19/2010

## Pure Resolutions Inc.

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

**DATE OF REVIEW:**

Jul/19/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Pain Management Program, 10 Days initial trial

**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 5/11/10 and 6/9/10

Injury 1 1/26/10 thru 6/8/10

PPE 4/27/10

Health 11/12/09 thru 12/17/09

Dr. 10/21/09 thru 5/12/10

MRIs 11/2/09 and 12/8/09

FCE 4/29/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant was injured on xx/xx/xx performing his regular job duties as an when the ladder he was climbing broke, resulting in the patient landing on his back. When help could arrive, he was transported to the ER where he was diagnosed with spinal transverse fractures of L1-3, was prescribed Flexeril and Vicodin, and was released with a referral to consult an orthopedic surgeon. Patient consulted with Dr., who ordered a lumbar corset and MRI of the lumbar spine on 11/2/09. Results of this diagnostic were "not available for review". Patient has not returned to work, but expresses a desire to do so.

Behavioral report requesting the CPM program states that since the injury, patient has received physiotherapy and psychotherapy. Present medications include: Relafen, Hydrocodone, Flexeril, and Prozac. FCE placed the patient at a sedentary Physical Demand level. Job requirement is Heavy PDL.

Current behavioral reports relate patient reporting restrictions due to injury are; ADL's, moderate depression, fear avoidance beliefs. Average pain is rated 6/10. Physically, patient avoids stretching, cardio, and resistance training with regard to his home exercise program. The current request is for initial trial of 10 days of a chronic pain management program.

Goals for the program include: decrease pain, improve physical endurance, decrease depression and fears, improve coping skills, and return to work.

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

Although patient may be a candidate for this type of program in the future, there is not enough evidence in the current submission to meet ODG criteria. Specifically, there is no detail regarding what “physiotherapy” entailed for this patient and why patient avoids components of certain types of exercise in his “home program”. There is also no indication regarding a specific titration plan for weaning of meds, if that is to happen. Patient was previously diagnosed with MDD, severe and chronic pain syndrome. However, most recent report does not update or even give an Axis 5 diagnosis. There is mention of pre-existing depression but no consult note with patient’s outside psychologist. There is no discussion regarding the requested Work Hardening program, and what gains, if any, patient made. ODG also states that an adequate and thorough evaluation has to have been made. 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)