

SENT VIA EMAIL OR FAX ON  
Dec/13/2010

## **P-IRO Inc.**

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

**DATE OF REVIEW:**  
Dec/13/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Chronic Pain Management Program four hour sessions once per month for 6 months (total 24 hours over 6 months)

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
CLINICAL PSYCHOLOGIST

**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 9/2/10 and 10/14/10  
8/18/10 thru 11/12/10  
Dr 9/6/07 thru 5/28/09  
MRI 12/22/08  
Radiology Reports 11/18/08  
OP Reports 10/6/08, 6/3/08, 3/4/08, 2/18/08  
Blood Patch Work 11/21/08  
MRI 6/6/07

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who sustained a work-related injury on xx/xx/xx. Clinical evaluation submitted for review states that the patient "was employed as a xxxx ...when she experienced immediate onset of intense pain while lifting a number of boxes overhead in the

process of stocking a freezer. Later that evening she noticed that she was unable to lifter her left arm and telephoned her employer to report the injury. Despite diagnostic testing and treatment received to date, [patient] continues to experience persistent, debilitating pain and impairment of function that have interfered with activities of daily living as well as performance of work duties....”

Patient is status post completion of a chronic pain program and current request is for 24 hours of aftercare spread over 6 months. Patient has moved from the Below Sedentary level to the sedentary level. Current medications include Lortab, Neurontin, Klonopin, and Buspar. Patient reports 5/10 pain, which increases with prolonged activities of any kind and decreases with lying down and elevating her head. Psychometric testing shows high fear of re-injury and high-perceived levels of depression, anxiety, nervousness, and tension related to her pain and physical limitations. PAIRS was 81, BDI was 42, and BAI was 22. Patient is diagnosed with adjustment disorder and pain disorder. Goals for aftercare are: formulation of RTW goals, reduction of emotional obstacles to increased activity level, decreased anxiety and physical tension, increased practice and reinforcement of pain management techniques, improvements in mood and decreased symptoms of depression, reduction/extinction of narcotic medication and reduction of disability mindset.

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

Patient has continued pain complaints and psychological symptoms in the moderate to severe ranges. Patient continues to be very functionally limited and continues to rely on pain and psychotropic medications. Patient has been released to work following completion of the program, but there is no discussion regarding what type of work she was released to, and patient has not been able to return to employment. There is no record that a thorough evaluation by the program’s medical director has not been conducted to document physical/medical progress or lack thereof and there is also no medical titration plan or rationale for the current meds following a CPM program. The reason for patient’s poor physical gains has also not been explained. There are no baseline statistics presented to compare with the current numbers.

Patient’s condition is typical for such programs, and patient is not considered an “outlier” who would require more than the services that have already been applied. Guidelines suggest aftercare is recommended for generalization of gains made, but patient has made minimal progress with this type of program, and as such, medical necessity for application of more of the same in an aftercare program cannot be established at this time.

#### **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)