

# US Decisions Inc.

An Independent Review Organization  
9600 Great Hills Trail, Ste 150 W  
Austin, TX 78759  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: manager@us-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/04/2010

**IRO CASE #:**

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

Chronic Pain Management Program x 10 sessions

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

MD, Certified by the American Board of Psychiatry and Neurology

**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**

9/10/10, 10/7/10  
Inc. 5/3/10 to 11/12/10  
Official Disability Guidelines and Treatment Guidelines, 2010  
D.O. 8/25/10  
Combined Group 10/28/03  
MRI 4/2/01  
Imaging & Diagnostic Center 10/18/02 to 1/28/03  
Imaging 2/11/00  
Institute 8/27/99  
Imaging 11/12/98  
Dr. 5/3/10 to 5/5/10  
M.D. PLLC 8/31/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a man who was injured on the job in xxxx while working as a company. He apparently was standing on a pallet and reaching overhead when the pallet broke and he fell, sustaining his injuries. He has had numerous procedures, including several surgical procedures, but continues to have chronic pain. He apparently did have a positive response to sessions of psychotherapy. He is receiving SSI for his disability. He had an RME on 08/31/2010, which stated, "His need for further treatment is limited. Pain management is not medically necessary. This individual will not benefit from any form of pain management unless there is realistic expectation of having him return to work. He has no intentions of returning to work at age xx. This individual has retired some time in the past and there are no realistic goals whatsoever for reactivation." His treatment team made a request for 10 sessions of CPM. This was denied by the insurance reviewer with the rationale being that his return to work status was not explored, an adequate and thorough multidisciplinary evaluation

was not performed and that his psychological evaluation from 08/19/2010 showed the patient to be experiencing mild depressive symptoms and mild anxiety symptoms. The notes from the psychological assessment performed to evaluate the patient for CPM stated that he continues to suffer from symptoms of anxiety, depression, fear and avoidance of activity, self-perceptions of disability and preoccupation with persistent, debilitating pain. He does not perceive himself as having the stamina to return to full duty work at the present time, despite his desire to do so. In the appeal letter, it states that the patient "would welcome improved functional status that would allow him to return to work rather than continue with what he perceives as a substandard level of income." Furthermore, the appeal notes that even if the claimant does not return to work, ODG entitles him to treatment that will relieve chronic pain that has naturally resulted directly from his compensable injury and is interfering with recovery.

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

In the psychological evaluation and appeal letter, there is information that the claimant is in far more distress than found in the RME. Additionally, it is stated that the claimant has a desire to improve function and wants to attempt to return to work. ODG does not prohibit CPM in cases of delayed recovery. It only urges caution in patient selection, and then indicates that there are other reasons to enroll in the program such as reduction of level of pain and use of pain medications. These reasons are listed in this patient's appeal letter. This man has been receiving invasive treatment for 13 years post injury. It is unlikely that any further treatments will improve his level of pain. If 10 sessions of CPM can now improve his quality of life for the rest of his years, he should be given the opportunity for such a treatment. This treatment is not at odds with ODG. The reviewer finds that medical necessity does exist for Chronic Pain Management Program x 10 sessions.

**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 KNOWLEDGBASE

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)