

SENT VIA EMAIL OR FAX ON  
Nov/29/2010

## Pure Resolutions Inc.

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

**DATE OF REVIEW:**

Nov/24/2010

**IRO CASE #:**

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

Chronic Pain Management Program X 10 sessions 80 hours

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

**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 10/4/10 and 10/22/10

Advantage 8/26/10 thru 11/3/10

Healthcare 6/22/10 thru 9/16/10

Work Hardening Treatment Plan 7/19/10 thru 9/23/10

IRO Summary 11/17/10

BHI2 6/22/10

Group 11/24/09 thru 11/17/10

11/24/09 thru 8/12/10

CT Cervical Spine 11/24/10

Dr. 1/25/10

MRIs 2/12/10

Dr. 4/13/10 thru 5/28/10  
PPEs 6/22/10, 7/28/10, 9/20/10  
Peer Review 6/29/10  
Rahab 10/4/10 and 9/28/10

#### **PATIENT CLINICAL HISTORY SUMMARY**

This is a woman with a history neck pain and headaches that reportedly developed on xx/xx/xx when a 25-30 pound box hit her head and than she fell to the floor. There is no history of loss of consciousness. She had ongoing headaches, neck pain, insomnia and memory problems. The latter reportedly improved. She has been diagnosed with a cervical strain. The MRI of the brain was normal. The one of the cervical spine performed on 3/12/10 showed degenerative changes including bone spurs, disc bulges in the mid to lower cervical region with mild C4/5 and moderate C5/6 central stenosis. No nerve root compromise was described. She has a prior history of intermittent back pain. Dr. felt the problem is a strain and posttraumatic headaches. She has been off work since the injury. He has a plethora of PT. She had 20 sessions of Work Hardening from July to September with some improvement. She was reportedly able to advance to a light medium PDL. Her prior work required a medium PDL. Her pain is reportedly keeping her from working. She has a level 8. Her BDI and BAI are in the severe ranges. She has a high fear avoidance score as well. She had been on APAP with codeine and occasional hydrocodone. She was placed on Darvocet and NSAIDs. Darvocet was just taken off the market. There are multiple comments in the work hardening records of her reliance a d "over dependency" on pain medications. She has problems with coping skills and tolerating pain.

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

This lady obviously has a chronic pain condition. The issue is whether she is eligible for a pain program. The Work Hardening requirements generally preclude a pain program afterwards. The ODG in the pain program section both excludes a pain program and then opens the door for its approval.

Mr. and Ms addressed the need for a pain program. They noted that although the ODG does not advise sequential pain programs after work hardening, there may be a role for the pain program. The IRO reviewer is not clear if this lady is willing to forgo the use of pain medications. The IRO reviewer is not clear from the record if she is a chemical coper or at risk for addition. The IRO reviewer did not see a clear identification that she is willing to stop the pain medications. Criteria 7 allows a trial of the pain program to avoid pain medications.

**(7) There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. In questionable cases, an opportunity for a brief treatment trial may improve assessment of patient motivation and/or willingness to decrease habituating medications.**

This lady reflects pros and cons for the pain program. The key point is that she is not improving. She has a good work history and that she is relying too much on the pain medications. She is a year post injury with little other reasonable treatment options available. The ODG encourage pain intervention within 6 months in order to maximize benefits. The IRO reviewer fears a further delay will push her beyond the "24 month" period. In short, the IRO reviewer agree that the only reasonable treatment program at this time is a pain program with the goal of replacing pain medications with coping skills, which makes the request medically necessary.

**(13) At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. A chronic pain program should not be considered a "stepping stone" after less intensive programs, but**

**prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.**

**(15) Post-treatment medication management is particularly important. Patients that have been identified as having substance abuse issues generally require some sort of continued addiction follow-up to avoid relapse.**

**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)