

SENT VIA EMAIL OR FAX ON  
Feb/16/2010

# Applied Resolutions LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/09/2010

**IRO CASE #:**

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

Chronic Pain Management X 10 sessions

**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 12/23/09 and 11/24/09

Chronic Pain Management Treatment Plan 9/29/09 thru 11/24/09

A-Medical 10/27/09

PPE 11/20/09

FCE 11/20/09

Healthcare 8/17/09

Dr. 12/11/07 thru 3/25/09

Rehab 12/21/09

**PATIENT CLINICAL HISTORY SUMMARY**

This man was injured in xx/xx/xx. He sustained a right rotator cuff injury. He had surgery in 12/07. He had to have manipulation under anesthesia. He has diabetes, what sounds like a diabetic retinopathy, obesity, and nerve compression. He had been in a work hardening program followed by 20 sessions of a pain program. An additional 10 sessions were requested to help with his depression, anxiety, fear avoidance, pain medication use and hopefully, to help him get a job.

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

He has multiple issues. The ODG comments upon the limited evidence of the value of pain programs for upper extremity pain. Lack of evidence, however does not mean ineffectiveness. Dr.'s letter of

appeal noted some improvement, but he wanted to continue the program to help resolve the issues with pain, fear avoidance, and reduce the use of pain medications. He wanted to address nutrition for his obesity and diabetes, both, while important, are not related to the work injury. The initial assessment on 8/17/09 described a plan for a 10-day treatment program. This was expanded to 20 days. He had also been in a work hardening program (described on 10/27/09) although the details were not known. One of the goals listed on 9/29/09 was to "decrease dependence upon pain medications." The reviewer did not see any explanation from Dr. why the goals planned for 10 sessions were not accomplished in the completed 20 sessions. The request was to increase these for the additional 10 sessions because there is room for further progress. The ODG does permit ongoing follow up sessions. "The patient may require time-limited, less intensive post-treatment with the program itself." The reviewer did not see why the request for additional treatment could not be offered under this umbrella.

### ***Chronic pain programs (functional restoration programs)...***

**Neck and Shoulder: There are limited studies about the efficacy of chronic pain programs for neck, shoulder, or upper extremity musculoskeletal disorders.**

(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.**

(10) Treatment is **not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains.** (Note: Patients may get worse before they get better....)

(12) **Total treatment duration should generally not exceed 20 full-day (160 hours) sessions.... Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).**

(14) **Suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified.**

(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)