

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/26/2009

**IRO CASE #:**

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

Chronic Pain Management Program 5x/week x 2 weeks

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in 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**

ODG Guidelines and Treatment Guidelines  
Adverse Determination Letters, 11/3/09, 12/1/09  
12/14/09, 10/26/09, 7/6/09, 9/23/09, 11/19/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman injured on xx/xx/xx. She reportedly developed right shoulder and neck pain. The MRIs showed minimal subdeltoid bursitis and cervical bulges. She was in work conditioning from February to March 2009. She had psychological treatment from January to June 2009. She had 20 sessions of Work Hardening from June to July 2009. She remains symptomatic. The psychological studies show a BDI of 27, which is severe, and BAI of 20, which is moderate. Her MMPI-II showed her to have "chronic psychological maladjustment...cling strongly to delusional or other transcendental belief...She is likely to be experiencing delusions, hallucinations, or other symptoms of a thought disorder...."

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

The reviewer agrees with the prior adverse decisions in this case. As per the ODG, Work Hardening Programs, Work Conditioning Programs and Chronic Pain Management Programs are not to be used sequentially. When one program is completed, the others are excluded, in most cases. Exceptions exist for issues including Opiate use, and when appropriate according to the other criteria established. This patient has completed a work conditioning program, followed by a full work hardening program and now the request is for 10 sessions of an initial pain program. The patient has several negative predictors of success, including

psychological issues that are described in the records. The request does not conform to the ODG guidelines and the provider has not included an explanation as to why there should be a variance from the guidelines in this patient's case. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program 5x/week x 2 weeks.

**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)