

SENT VIA EMAIL OR FAX ON

Jun/10/2010

## P-IRO Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/10/2010

**IRO CASE #:**

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

Chronic Pain Management X 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 with expertise in pain management, wound management and geriatrics. Medical Director of Rehabilitation.

**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 4/23/10 and 5/3/10

Chronic Pain 4/13/10

FCE 4/13/10

Psychological Screening 4/13/10

Medical Clinic 2/12/10 thru 3/11/10

DDE 1/27/10

MRIs 10/13/09

Dr. 9/21/09

**PATIENT CLINICAL HISTORY SUMMARY**

This worker has a date of birth of xx/xx/xx. She was working and on xx/xx/xx attempted to sit in a chair and fell on to the ground. She cannot remember if she used her arms to break her fall. She landed on her buttocks. She remembers hitting a filing cabinet. She has been diagnosed with left shoulder sprain/strain, cervical spine sprain/strain, thoracic spine sprain and right knee pain. She has had physical therapy, which not did change her pain perception. She had moderate anxiety with a Beck of 18. There is moderate depression. She has been given Robaxin, Neurontin and tramadol. She has not always taken the medications as prescribed. She has diabetes and hypertension. She is morbidly obese at 434 pounds. She can walk only 10 steps and then is short of breath. She was released back to work 7/17/2009 after the injury with no restrictions. She was not taking her NSAID in the AM at that time. On 8/15/2009 she was working light duty. The note from 11/16/2009 indicates she was laid off from her job. MRI of the cervical spine shows disc protrusions. Cervical spine was not involved in the injury per the DD and the review of mechanism of injury. There is DJD in the left shoulder on MRI. Thoracic spine series shows spurring at lower thoracic spine. She is performing her ADLs. A 9/21/2009 notes indicates FROM of both shoulders.

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

Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The patient should show evidence of motivation to improve and return to work and meet the selection criteria. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain

This worker has returned to work twice and has subsequently been laid off. Based on her physical abilities and her shortness of breath after 10 steps she is a poor candidate for a chronic pain program. She has not previously responded to physical therapy and pain levels have remained the same. This predicts poor response in a chronic pain program. The patient has returned to work twice and shows poor motivation to remain at work.

**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)

- Behavioral and Cognitive-Behavioral Treatment for Chronic Pain: Outcome, Predictors of Outcome, and Treatment Process McCracken, Lance M. PhD; Turk, Dennis C. PhD *SPINE* 15 November 2002 - Volume 27 - Issue 22 - pp 2564-2573 Supplement: Interventional Management of Chronic Benign Spinal Pain Syndromes **Results.** Overall, BT-CBT for chronic pain reduces patients' pain, distress, and pain behavior, and improves their daily functioning. Differences across studies in sample characteristics, treatment features, and assessment methods seem to produce varied treatment results. Also, some patients benefit more than others. Highly distressed patients who see their pain as an uncontrollable and highly negative life event derive less benefit than other patients. Decreased negative emotional responses to pain, decreased perceptions of disability, and increased orientation toward self-management during the course of treatment predict favorable treatment outcome.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)