

SENT VIA EMAIL OR FAX ON
Jul/13/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 Hours of Chronic Pain Management Program

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

Clinical psychologist; Member American Academy of 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

OD Guidelines

Denial Letters 6/3/10 and 6/15/10

PT 5/4/10 thru 6/21/10

Injury 6/24/09 thru 6/9/10

OP Reports 4/7/09 and 2/7/09

Lumbar Spines 10/16/09 and 11/10/08

DDE 8/11/09

Dr. 11/30/09

Dr. 9/23/09 thru 11/23/09

MRI 11/3/08 and 11/10/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx performing his regular job duties as an employee for xxxx, when he was involved in a slip-and-fall accident. Patient reported the injury, but continued to work for the next couple of weeks, until he could no longer sustain the performance of his duties. He established treatment with Dr.. Currently, patient continues

with pain and disability complaints and has not been returned to the workforce.

Since the injury, patient has been given diagnostics and interventions to include: shoulder MRI (positive), EMG/NCV (positive for lumbar radiculopathy), lumbar ESI's, physical medicine, surgery x 1 to shoulder, post-surgical rehab, work conditioning, and medication management. Claimant surgeon reports he made need neck surgery at a later time. Dr. states that patient improved with strength and conditioning in the Work-conditioning program, but that his pain did not decrease. Claimant is currently prescribed Hydrocodone 7.5/750 bid and Naprosyn 500 mg bid for pain. Patient has been referred by his treating doctor, for a chronic pain management program, which is the subject of this review.

Current physical medicine note states that the WC program patient participated in "helped him gain some strength and flexibility, but it did not help to reduce his pain." Reports contain no specific information regarding pre and post PDL level from this RTW program. FCE, if conducted, was not available for review. Additionally, although mental status exam shows alert and oriented patient who reports experiencing dysphoric feelings, significant injury-related worries, and sometimes having a desire to cry, there are no psychometric tests administered to quantify degree of psychopathology or to give baselines. There are also no MD notes regarding patient current status and future plan. ADL limitations include "sitting, standing, laying down, and most any movement increases his pain and medication..." social activities, sexual functioning, hobbies, housework, sports, exercise, home maintenance, yard work, driving, travel and work activities negatively affect his pain. Patient is reported to have reduced sleep since the injury and associated pain. Perception of pain is rated as 8/10, on average. Patient is not given any Axis V diagnosis in the reports available for review.

Goals for the program are to reduce physical discomfort and emotional suffering to mild levels, reduce medication use (no titration plan given), refrain from engaging in pain-focused talk, participation despite discomfort, utilize interventions such as heat, relaxation, and ice to increase comfort, reduce emotional and physical reaction regarding his thoughts and reminders of the distress from severe to mild levels, and improve sleeping.

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

Goals for the program are generalized and not based on specific baseline testing. A stepped-care approach to treatment has not occurred. Additionally, there are no notes regarding why patient failed WC, what his current PDL is, what the medical plan is, etc. (see ODG criteria number three). Therefore, the current request is deemed medically reasonable and necessary, per ODG criteria.

ODG Pain Chapter, 2010. Pain section, psychological evaluation section, and psychological treatment section

ODG supports using the BDI and BAI, among other tests, to establish baselines for treatment. [Bruns](#) **D. Colorado Division of Workers' Compensation, Comprehensive Psychological Testing: Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. 2001.**

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)