



Specialty Independent Review Organization

AMENDED REPORT 4/26/2010
Notice of Independent Review Decision

DATE OF REVIEW: 4/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under review include the medical necessity of 10 sessions of a multidisciplinary chronic pain management program.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 15 years. He performs this type of service in daily practice.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of 10 sessions of a multidisciplinary chronic pain management program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Dr., Dr., Dr. and SRS.

These records consist of the following (duplicate records are only listed from one source): Dr.: office visit notes 9/10/09 to 1/20/10, 10/16/09 report by Dr., 7/23/09 operative report and 12/19/08 shoulder MRI and xray report.

Dr.: 6/15/09 to 9/4/09 reports by Dr., 9/8/09 LMN, 5/19/09 DD report, 3/9/09 CCH report, 11/10/08 report by MD, 8/29/06 report by Spine and Rehab, 7/17/09 lab report and 6/15/09 ROM report.

Dr.: 3/26/10 letter by Dr., reconsideration request letter 2/17/10, preauth request 1/27/10 and 1/21/10 mental health evaluation.

SORM: 2/2/10 denial letter and 2/23/10 denial letter.

We did not receive the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient, who was originally injured on xx/xx/xx, was employed in December 2004. There was no prior apparent history related to current complaints resulting from the work injury. She developed pain in the right shoulder, which was identified as a bicipital tendinitis or labral tear or impingement. Her initial treatment was with Spine and Rehabilitation Centers, , D.C.

She failed to respond to the conservative treatment and was referred for orthopedic evaluation to, M.D. Following a positive MRI of the right shoulder indicating a rotator cuff tear, surgery was performed 07/22/09. It was noted in follow-up with Dr. on 10/16/09 that she had full range of motion of the operated shoulder without pain.

Subsequent to Dr. indicating that she had successfully recovered from the effects of the injury and surgery, it appears that she then went through work hardening, including psychological component, at Spine and Rehabilitation Centers. By 01/20/10, it was indicated that she had completed her work hardening, and in Dr. dictation 01/20/10 he reported that she had completed the work-hardening program and that the treatment plan was that she was having a hard time reading questionnaires. She was embarrassed over this, and Dr. indicated that she would need some assistance in answering questionnaires.

As of 01/20/10, Dr. notes no reference to any increase in the patient's pain, problem in working with her work-hardening program, or any unusual change but rather apparent success in the work-hardening program.

Within a period of one day, on 01/21/10, the patient was seen by, L.P.C., who performed a mental health evaluation for, M.D. The information in the mental health evaluation indicates, "She underwent surgery by Dr. on 07/23/09. In addition, she has been treated with physical therapy, medication, and ten sessions of a work-hardening program. She was unable to complete the work-hardening program because of pain." The descriptions of the patient in the mental health evaluation 01/21/10 are completely and unexplainably different with the report of Dr. one day previously.

Additionally, there is no explanation for the report of Dr. indicating that the patient had had essentially complete recovery with full range of motion of the operated shoulder and was pain free and the progressive downhill course to meet the description within the records from the Pain and Recovery Clinic evaluation for a chronic pain management program.

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

Based on the *ODG*, this patient does not meet the medical necessity treatment criteria from the pain section. The pain section from the *ODG* indicates that multiple sequential return-to-work programs such as the chronic pain management program and work hardening are not to be considered as a routine process. This is especially true in this case as there is no indication at the end of the work-hardening program that the patient had any complaints or limitations such as outlined in the subsequent mental health evaluation one day later at the Pain and Recovery Clinic. There is failure to support the clinical findings and treatment recommendations from the Pain and Recovery Clinic that would be consistent with the prior treatment the patient had been receiving.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)