

SENT VIA EMAIL OR FAX ON
May/15/2010

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management 10 final days

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 3/24/10 and 4/20/10
Injury 1 2/2/10 thru 4/12/10
xxx 3/17/10 and 6/29/09
Health 3/26/09
5/1/09
MRI 1/8/09
Dr. 3/6/09
Dr. 2/21/07 and 5/23/07
xxxxxx 6/11/09
Dr. 10/16/09 thru 4/29/10

PATIENT CLINICAL HISTORY SUMMARY

Claimant is a male who was injured on xx/xx/xxxx performing his usual job duties for xxxxxxxxxxxx where he had been employed for xxxxx years. History and Physical note

of 2/2/10 by Dr. states that the patient injured himself while "lifting some tools and had a small twinge in his back. Later in the day he was carrying a board, stepped in a hole, twisted his back and has been having rather severe back pain ever since...He has seen 2 spine surgeons that have recommended surgery, but this has been denied by his insurance company per patient history." Structural exam noted patient utilizing a cane for stabilization both with standing and sitting. Report by Dr. goes onto state "He can forward flex to 90 degrees albeit slowly and utilizing his cane for support. On standing back up, he has to walk his arms up his thighs in order to stand upright. He cannot extend at all without increasing his pain

Patient has received X-rays, MRI's, CT scan, EMG, steroid injections, physical therapy, and 6 sessions of individual therapy. Notes indicate he is on no pain medications or anti-depressant. His MRI report of 1/08/09 shows impression of 7 mm focal central disc protrusion. He is diagnosed with lumbar facet pain, intermittent lumbar radiculitis refractory to ESI's, chronic pain and major depressive disorder

Patient has currently participated in 20 days of a functional restoration program, and current request is for 10 additional days of programming.

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

Per available records, patient was approved for, and has completed, 20 days of a chronic pain management program. Over the first twenty days of the program, patient has been able to significantly increase his functioning (from a Light to a Medium PDL), while reducing pain levels from 9/10 to 7/10 VAS (per FCE report). Likewise, patient is reported to have made good improvement in increasing use of positive coping skills, and his BDI and BAI are currently at mild levels. Patient report states he has improved physically, but report also states he will need to return to a different job with a different employer, since he is not expected to ever be able to achieve his former heavy PDL. There are really no psychosocial goals set out in the individualized treatment plan, no medical goals, and there is no documentation that supports that this patient is an outlier or requires aftercare for addiction relapse prevention. The main focus of continuing the program appears to be vocational in nature, and as such, another 10 days of an interdisciplinary CPMP is not warranted. Any residual mood or vocational goals could be accomplished through a lower level of care, such as referral to TDARS for re-training as recommend by the ODG. As such, this request cannot be considered medically reasonable or necessary.

ODG recommends 20 days of CPMP for this type of patient, and 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)