

SENT VIA EMAIL OR FAX ON  
May/06/2010

## IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/06/2010

**IRO CASE #:**

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

Chronic Pain Management Program 5 X wk X 2 wks 8 hours a day

**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 2/16/10 and 3/15/10

Work hardening treatment 1/4/10 thru 2/1/10

clinic FCEs 12/29/09 thru 1/28/10

TX Rehab 2/6/10

BHI2 12/29/09

**PATIENT CLINICAL HISTORY SUMMARY**

This patient has a date of birth of xx/xx/xx. There was an injury reported on xx/xx/xx. He was working overhead and equipment fell injuring the right shoulder. He had imaging studies on 7/31/2009 and has a tear of the distal supraspinatus. He had a shoulder debridement and SLAP repair on 10/29/2009. He has had therapy and work hardening. He did progress in work hardening in lifting, mobility and cardiac endurance. He is functioning and a medium

work level. He has not had vocational retraining. An EMG shows right median nerve entrapment and C67 cervical radiculopathy. The worker says of his perceived disability, "I can't work, " and I need medication to fix my pain." He has pain behaviors.

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

This worker has progressed in work hardening to a medium level of work ability. The ODG on p. 1151 recommends return to work. Expedited return to work has been shown to be more useful in improving function and decreasing pain than extended disability. This gentleman is xx and has had a shoulder repair. Very heavy work is unlikely to be an appropriate goal for him. As he is functioning at a medium level, returning to the work force at this level is most appropriate. In work hardening, psychological treatment is offered for patients to learn to manage the pain. At some point the worker will have to manage independently of a health care system or program

Chronic pain programs are recommended when there is access to programs with proven successful outcomes such as decrease pain and medication use. This patient has already had improved function with the WH and is capable of medium work. He has negative predictors of success as listed in the ODG. He has poor work adjustment and satisfaction, a negative outlook about future employment, high levels of psychosocial distress and medication use. The request is not medically necessary.

**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)

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