

SENT VIA EMAIL OR FAX ON  
Nov/22/2010

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

Nov/22/2010

**IRO CASE #:**

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

Chronic Pain Management 5 X wk X 2 wks

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

Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

Licensed by the Texas State Board of Medical Examiners

**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 8/16/10 and 8/25/10

3/18/10 thru 11/5/10

IWP 10/12/10

OP Report 6/18/07

MRI 5/1/07

FCE 4/6/07

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a man who was injured on the job on xx/xx/xx. He was working as a xxxx 16 feet above ground standing on a scaffold. The scaffold broke causing him to fall 16 feet to

the ground. He injured his right shoulder and sustained lacerations to the right side of his face, losing two front teeth and injuring his jaw and two ribs on the left side of his body. An MRI of the right shoulder reported a full thickness supraspinatus tendon tear. Operative report dated xx/xx/xx reported that he underwent a right shoulder arthroscopy with rotator cuff repair and subacromial decompression. CT scan of the right shoulder dated 01/11/2008 reported normal findings. An initial mental health evaluation dated 03/18/2010 reported the patient completed 20 prior sessions of work hardening. The patient had a BDI-II score of 38 and BAI score of 41. The patient was recommended for 6 individual counseling sessions. Subsequently he had a BDI-II score of 27 and BAI of 29. A Functional Capacity evaluation dated 06/16/2010 noted his current job is classified as medium-heavy work. But he was rated as being unable to perform his normal duties without the risk of re-injury to himself. Test data indicated that he had significant deficits in muscle strength, range of motion, physical demand and especially static positional posture tolerance. The recommendation was to enter a chronic pain rehab program to get him back to work in a time efficient manner. He completed 5 sessions of CPMP on 08/06/2010. His shoulder pain was rated as 3/10, BDI-II as 20 and BAI as 22. The insurance reviewer did not certify the requested additional 10 sessions of CPMP with the following rationale: "Documentation indicates the patient minimally reduced psychometric testing scores with prior treatment. Documentation fails to demonstrate that the patient has increased physical demand level of decreased medication intake with the initial 5 sessions of treatment. Clinical documentation fails to demonstrate that patient has made significant improvement with the initial 5 sessions." In an appeal letter dated 08/17/2010, MA, LPC, states that "There is no ODG guideline thus far which states that a patient has to increase physical demand level in 5 CPMP sessions, only that he show significant improvement overall which he has shown by being in a medium to heavy demand level currently."

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

ODG states that "treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains." Thus, is correct that ODG makes no mention of increase in strength per se. The appeal letter does document that the patient is motivated, compliant, and making progress, thus meeting ODG guidelines. Furthermore, ODG lists specific predictors of success and failure. "The following variables have been found to be negative predictors of efficacy: negative relationship with the employer, poor work adjustment and satisfaction, negative outlook about future employment, high level of psychosocial distress, involvement in financial disability disputes, greater rates of smoking, increased duration of pre-referral disability time." This claimant has only one negative predictor, and that is the amount of time elapsed from the date of his injury until the program began. Otherwise, he appears to be a good candidate for CPMP according to ODG and his treatment is 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)