

SENT VIA EMAIL OR FAX ON
Nov/04/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 80 hours

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 9/3/10 and 10/5/10

IRO Summary 10/19/10

Healthworks 6/23/08

WCEs 1/7/09 and 8=24/140

Pain & Recovery 3/30/09 thru 9/27/10

Dr. 4/7/09 and 8/24/10

Dr. 1/5/09 thru 8/18/10

MRI 12/14/09

8/6/10

Group 307 pages 6/22/08 thru 10/19/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant was hired at as an 3 months prior to his reported back pain on

xx/xx/xx. He was unloading a truck with a co-worker. The co-worker release his end of the 150-pound load and the weight shifted to the claimant. He reported back pain. The claimant has had physical therapy, work conditioning, and work hardening. He improved on his FCE from performing at a light level to performing at medium heavy. He was released to return to work with restrictions. He reports he was terminated from his job. An MRI reveals no significant structural pathology that is attributed to the reported injury. An EMG shows a subacute L5 radiculopathy. On examination there are no signs of radiculopathy, no reflex changes, no motor changes. Medications include Cymbalta, Ultram, Tizanidine and Hydrocodone. He was placed at MMI on 8/56/2010 with 5% IR secondary to pain. BDI is 25/63. BAI is 16/63.

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

Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The patient ***should show evidence of motivation to improve and return to work and meet the selection criteria***. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain

This claimant does not show motivation to improve and return to work. He completed work hardening, he did improve in his ability and he did not return to work. He was in work hardening and did not receive retraining or direction in finding alternate employment. He does not meet selection criteria for a CPP. There is not evidence that there has been success with previous attempts at returning him to work. His IR is 5% and he is capable of medium heavy work. The ODG recommends return to work and to normal activities as the best long term outcome for recovery. p. 687 Edition 2010

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 Supplement: Interventional Management of Chronic Benign Spinal Pain Syndromes **Results.** Overall, BT-CBT for chronic pain reduces patients' pain, distress, and pain behavior, and improves their daily functioning. Differences across studies in sample characteristics, treatment features, and assessment methods seem to produce varied treatment results. Also, some patients benefit more than others. Highly distressed patients who see their pain as an uncontrollable and highly negative life event derive less benefit than other patients. Decreased negative emotional responses to pain, decreased perceptions of disability, and increased orientation toward self-management during the course of treatment predict favorable treatment outcome.