

SENT VIA EMAIL OR FAX ON  
Nov/17/2010

## Pure Resolutions Inc.

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

**DATE OF REVIEW:**

Nov/17/2010

**IRO CASE #:**

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

Chronic Pain Management Program 5 X wk X 2 wks

**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 9/22/10 and 10/26/10

7/1/10

PPE 7/1/10

Neurosurgical 1/26/10 thru 6/8/10

4/7/10

MIR 2/5/10

FCE 2/1/10

Health and Rehab Clinic 2/1/10

Dr. 11/8/09

Dr. 7/7/09

IRO Summary 11/5/10

Dr. 5/19/08

Chiropractic 4/3/08

Group 1/10/08 thru 11/5/10

### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who sustained a work-related injury on xx/xx/xx while performing his usual job duties. On this date, patient was engaged in stocking 50-pound sacks of food when he felt pain in his lower back radiating to his right LE. Patient received appropriate diagnostics and interventions, culminating in a lumbar laminectomy at L3-L4 and lumbar laminectomy and partial discectomy at L4-L5 on March 4, 2010.

evaluated the patient on 9/2/10, where they found the following: feelings of frustration, fear of re-injury, fatigue, restlessness, and nervousness. BDI, BAI, and SOAPP were within normal limits. FABQ was a 24/39. FCE was conducted and places patient at the light PDL. Mental status exam states, "Thought processes were logical and goal-directive and his answers were thoughtful and reflective. Mood seemed moderately euthymic and his affect was broad..." Current pain is rated as a ranging from 3-6/10. Patient is on no meds currently. Patient was diagnosed with 309.28 Adjustment disorder with mixed anxiety and depressed mood and 307.89 Pain Disorder. Request is for CPMP, first ten sessions.

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

Patient has continued pain complaints, which supposedly have increased since surgery. However, surgeon's progress note of 6/8/2010 states patient "returns today and states that he is much improved. The pain in his leg is improved. On occasion, he has pain, but it is momentary and brief. He continues to have some numbness in the right lateral, although he had numbness in this area preoperatively and he adds that with time this is improving...I indicated to [patient] that he can resume his normal activities."

A thorough evaluation by the program's medical director has not been conducted, as per ODG. There is no multi-system current medical evaluation available, and no information regarding whether or not patient responded to other physical therapies. There are no real psychological issues to address with such an intense program. Whether or not patient has a job to return to at a lower PDL has also not been explained. As such, medical necessity cannot be established at this time

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)