

SENT VIA EMAIL OR FAX ON
Oct/14/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours for 10 sessions of Chronic Pain Management

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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 8/25/10 and 9/20/10
Pain & Recovery 8/20/10 thru 9/20/10
Dr. 8/12/10
Group Session 7/27/10
Dr. 4/24/09
FCA 6/24/10

PATIENT CLINICAL HISTORY SUMMARY

This is a lady injured on XX/XX/XX when an elevator closed on her. She developed neck, low back and upper extremity pain. From what the IRO reviewer gathers from the psych evaluation, she had some tendinosis and disc bulges. She was found to be at MMI on

8/29/08 with a 0% impairment rating. She reportedly had subsequent breast cancer surgery and treatment. She has ongoing pain of undetermined cause. She has a lot of anxiety and depression. Ms noted she failed in work condition due to the pain. She has major perceived disability as well. The FCE on 6/24/10 showed her to need work conditioning. The IRO reviewer presumes this is prior to her failed participation.

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

There are several issues. The IRO reviewer could not determine from the psychological evaluation how much of the depression and anxiety are related to the breast cancer and how much from the injury itself. There are often physical restrictions following breast surgery. The IRO reviewer could not determine if there were any restrictions from the breast cancer treatments.

She is now more than 2 years post injury. The ODG frowns heavily on entering pain programs at this time. Most of her complaints involve the upper extremity and cervical region, while the lumbar pain is also present. The ODG remarks about the limited value from limited studies of pain programs in the upper extremity and cervical spine. It also comments about not following work hardening with a pain program. While not absolute, it is a strong warning about the sequential treatments. The ODG comments about choosing the correct program. The issue is now the psychological components of pain, yet the work-conditioning program was chosen and it relies on minimal psychological issues being present. Yet she failed it due to the pain and psychological issues.

There is also very little information provided about the prior treatments other than she had therapy and some psychological interventions recently.

These all lead to too many unanswered issues that have not established the medical necessity of the program for this person.

Chronic pain programs (functional restoration programs) *Recommended...*

Neck and Shoulder: There are limited studies about the efficacy of chronic pain programs for neck, shoulder, or upper extremity musculoskeletal disorders.

Role of duration of disability: There is little research as to the success of return to work with functional restoration programs in long-term disabled patients (> 24 months).

Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention)

(2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.

(8) Negative predictors of success (as outlined above) should be identified, and if present, the pre-program goals should indicate how these will be addressed.

(9) If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. These other desirable types of outcomes include decreasing post-treatment care including medications, injections and surgery. This cautionary statement should not preclude patients off work for over two years from being admitted to a multidisciplinary pain management program with demonstrated positive outcomes in this population.

(13) At the conclusion and subsequently, **neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury** (with possible exception for a medically necessary organized detox program). **Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from.** A chronic pain program should not be considered a “stepping stone” after less intensive programs, **but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated....**

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)