



# INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision  
**AMENDED REPORT**  
 Criteria for Review omitted from initial report  
 REVIEWER'S REPORT

DATE OF REVIEW: 08/27/2010

Re: Case Review

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:  
 Chronic pain management program for 80 hours.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:  
 Diplomate, Congress of Chiropractic Consultants, 25 years of active clinical chiropractic practice, Impairment Rating/Maximum Medical Improvement Certified and Designated Doctor through Texas Department of Insurance/Division of Workers' Compensation

REVIEW OUTCOME:  
 \*Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifie	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
715.11	97799		Prosp.		07/20/10 – 08/04/10				Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. Certificate of independence of the Reviewer.
2. TDI case assignment.
3. Letters of denial 07/20/10 & 08/04/10.
4. Orthopedic evaluation 01/16/08 and progress notes 06/01/09-02/15/10.
5. Pain Management progress notes 07/16/08-04/06/09.
6. Chiropractic evaluation 07/12/08.
7. Mental health evaluation 06/28/10.
8. Physical therapy treatment plan 10/02/09 and progress notes through 01/13/10
9. Radiology report-06/11/09.

**INJURED EMPLOYEE CLINICAL HISTORY:** The records indicate the patient was injured on xx/xx/xx when he was driving a front-end loader. He hit an embankment and was thrown around the cab injuring his right shoulder and low back. This patient has had ongoing problems requiring treatment since this injury. He had surgery on his right shoulder in 1997. He has had steroid injections and had arthroscopy. He was told that sometime in the future he might have to have a shoulder replacement. He continued to have problems with popping in his shoulder with grinding. He had trouble lifting his arm above shoulder level. He was referred for a right shoulder arthrogram with MRI on June 11, 2009. This arthrogram and MRI indicated degenerative changes at the acromioclavicular joint. There was extensive degenerative glenohumeral joint disease with extensive degenerative labral tearing. The patient was advised that he should consider a shoulder replacement or hemiarthroplasty.

When rechecked on June 29, 2009 the patient wished to go ahead with a debridement of the right shoulder distal clavical with acromioplasty and possible rotator cuff repair. The surgery was performed on 09/30/2009 with some 40 sessions of post surgical rehabilitation. The patient continued to receive a large amount of narcotic medication (hydrocodone 10/325mg, 4 to 6 per day) with high levels of pain (5-6/10) even when on the medication. There was a request for a multidisciplinary chronic pain management program. This was denied. Reconsideration request was also denied.

He has undergone the following evaluation procedures: medical evaluation, x-ray, discogram, MRI, evoked potential study, FCE and chiropractic exam. Treatments to date have included: rest from work, physical therapy, massage, electrical stimulation, work hardening program, personal TENS

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unit, medication management, ESI's, and surgical intervention with post surgical rehabilitation. He continues to complain of difficulties with ADL's to include: dressing, grooming, yard work, housework and toileting. His pain rating is a 5-6/10 with medication. Psychological assessment and evaluation dated 06/30/2010 revealed he is an appropriate candidate and would benefit from treatment in an interdisciplinary chronic pain management program. The program will provide him the opportunity to decrease fear avoidance, learn more effective pain control methods, set realistic goals about recovery, develop and execute a plan to change careers and help him learn to cope with his feelings of depression and anxiety so that he can again participate in previously pleasurable activities. The patient expressed a strong interest in these services, indicating he would be compliant with the program requirements and treatment interventions. Attached to the request was a comprehensive treatment plan for the patient.

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

In summary, a chronic pain management program incorporates educational, psychological, behavioral, vocational and physical component. Treatment includes, but is not limited to group and individual psychotherapy, relaxation training, pain education, physical rehabilitation, aquatic therapy and work simulation activities. These activities are individualized and focus on effective management of pain, functional restoration, improve quality of life and either return to work or appropriate job retraining. Upon completion of the program, the use of narcotic medication should be drastically reduced if not entirely eliminated. The program will also assist with his psychological issues thereby allowing him to make appropriate healthy life choices. The program will maximize his recovery in an attempt to return him to a more productive life as a citizen.

This patient does meet ODG guidelines for admission into this multidisciplinary pain management program. Therefore it is reasonable, usual, customary and medically necessary for this patient to receive the requested 80 hours (8 hours per day for 10 days) of a multidisciplinary chronic pain management program.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)