

SENT VIA EMAIL OR FAX ON
Aug/26/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 X 2

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 8/2/10 and 8/12/10

Healthtrust 6/18/10 thru 8/18/10

Valley Total Healthcare 12/7/06

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work-related injury on xx/xx/xx while working. Patient was performing his usual job duties when he injured his back attempting to lift. Records indicate he felt immediate sharp pain in the low back. Afterwards, he continued to feel sore and achy in his low back, neck, and right side of the body. Patient is currently s/p laminectomy in 1992 with removal of hardware in 1995. Earlier report indicates patient had a SCS implanted and that in 2006 he had "good stimulation over back and legs". Patient has had ESI's, physical therapy for 3 months in 1991, and a chronic pain program in 2004-2005. He was requested for another 30-day pain program in 2006 (outcome unknown), and the current request is for the initial 10 days of a chronic pain program. Patient has never returned to work, and is currently on disability. Prognosis in the 2006 request for returning to

work was “fair”, and prognosis for participating and benefiting from the program was also listed as “fair”.

Over the course of his injury, patient has been treated with the following modalities/diagnostics: x-rays, MRI’s, physical therapy, chiropractic, pain injections, TENS unit, surgery x2, CPMP, and medications. Current medications are Lipitor, Lyrica, Voltaran, Skelaxin, Ultram, and Toprol.

Patient was evaluated by on 6/18/10, where they found the following: “psychological symptoms” of: muscle tension, rapid heartbeat, difficulties adjusting to the injury, and fear of re-injury. FCE was either not done or is not remarked on in the report. Current complaints also include average pain rated as 6/10. Bending, walking, standing, laying, and sitting too long increase the pain. There was nothing presented that decreased the pain. BDI was a 53 and BAI was 30. SOAPP was 33, indicating very high risk of narcotic abuse. Mental status exam reveals alert and oriented x 3 patient who responded in a cooperative and open manner and displayed thought processes that were logical and goal-directed. There was no mention of depressed mood or affect. He was diagnosed with pain disorder and mixed adjustment disorder and recommended for a twenty-day chronic pain management program. The goals to be achieved are: improve functioning, decrease dependence on healthcare system, minimize distress, improve vocationally, improve self-esteem, coping skills, and social skills, improve sleep duration, decrease emotional distress, decrease pain and symptomatology, and address isolation and hostility.

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

Patient has continued pain complaints from a injury, and has received evaluation from regarding qualifying patient for a repeat CPMP. Notes submitted from 2006, show patient with basically the same pain levels, same complaints, and same vocational outlook after his first CPMP in 2005, including complaints about racing heart with exertion. The records provided do not meet medical necessity, nor do they explain prior poor response to treatment and why this would currently predict a good outcome from any more intervention.

A thorough evaluation 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 physically to his previous program. Although patient has a high likelihood of addiction, this is not addressed with a medical or mental health treatment plan. Also, no current physical baselines are given in order to make treatment recommendations. Given that patient has been off work for many years, there is nothing presented in the report to predict a positive outcome of changed status. As such, medical necessity cannot be established.

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)