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**Notice of Independent Review Decision
IRO REVIEWER REPORT – WC (Non-Network)**

DATE OF REVIEW: 03/30/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of a chronic pain management program

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

Licensed by the Texas State Board of Psychological Examiners

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Ten sessions of a chronic pain management program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations dated 02/08/XX, 03/08/XX, 03/17/XX, 05/17/XX, 06/17/XX, 07/16/XX, 08/13/XX, and 09/14/XX

X-rays of the right shoulder and clavicle interpreted by M.D. dated 02/08/XX

Evaluations with M.D. dated 02/17/XX, 03/01/XX, 08/10/XX, 03/29/XX, 04/07/XX, 05/11/XX, 06/08/XX, 07/06/XX, and 09/14/XX

DWC-73 forms from Dr. dated 02/17/XX, 03/01/XX, 03/29/XX, 04/07/XX, 05/11/XX, 06/08/XX, 07/06/XX, 08/10/XX, and 09/14/XX

An MRI of the right shoulder interpreted by Dr. dated 02/18/XX

Physical therapy evaluations with P.T. dated 02/25/XX and 09/23/XX

A peer review from M.D. dated 03/10/XX

A PLN-11 form from the insurance carrier dated 03/16/XX

A surgical report from Dr. dated 03/18/XX

A Functional Capacity Evaluation (FCE) with P.T. dated 03/18/XX

Physical therapy with an unknown provider (no name or signature was available) dated 04/12/XX, 04/23/XX, 04/30/XX, 05/21/XX, 05/28/XX, 06/28/XX, 06/30/XX, 07/21/XX, and 07/23/XX

Physical therapy with P.T.A. dated 04/16/XX, 05/05/XX, and 05/26/XX

Physical therapy with P.T.A. dated 06/02/XX, 06/16/XX, 06/18/XX, 07/07/XX, 07/09/XX, and 07/19/XX

Physical therapy with P.T. dated 06/03/XX

A physical therapy progress note from P.T. dated 06/04/XX

A mental health evaluation with M.A., L.P.C.-I. and Ph.D. dated 10/22/XX

Evaluations with M.D. dated 10/25/XX, 11/22/XX, 12/20/XX, and 01/20/XX

Functional Capacity Evaluations (FCEs) dated 10/26/XX, 01/11/XX, and 02/09/XX

Work conditioning daily notes from Dr. dated 10/28/XX, 10/29/XX, 11/01/XX, 11/02/XX, 11/03/XX, 11/04/XX, 11/05/XX, 11/08/XX, 11/09/XX, 11/16/XX, 11/17/XX, 11/18/XX, 11/19/XX, 11/22/XX, 11/23/XX, 11/24/XX, 11/29/XX, 11/30/XX, 12/01/XX, and 12/02/XX

Evaluations with Dr. dated 11/01/XX, 12/27/XX, 12/29/XX, 01/12/XX, 01/18/XX, and 02/17/XX

Individual psychotherapy dated 11/17/XX, 11/24/XX, and 12/01/XX

Evaluations with M.D. dated 11/22/XX, 12/06/XX, and 01/14/XX

A prescription for Prinzide and Zolof from M.D. dated 11/29/XX

Individual psychotherapy with M.A., L.P.C.-I. dated 12/10/XX, 12/20/XX, and 01/04/XX

A Physical Performance Evaluation (PPE) with Dr. dated 12/14/XX

A prescription and letter of support for cervical traction and a pillow from Dr. dated 12/14/XX

Work hardening daily notes from Dr. dated 12/20/XX, 12/21/XX, 12/22/XX, 01/03/XX, 01/04/XX, 01/05/XX, 01/06/XX, 01/07/XX, 01/10/XX, 01/12/XX, 01/13/XX, 01/14/XX, 01/18/XX, 01/19/XX, 01/20/XX, 01/21/XX, 01/24/XX, and 01/25/XX

A prescription and letter of support for a moist heating pad, conductive garment, and EMS/TENS unit from Dr. dated 12/22/XX

An MRI of the right shoulder interpreted by M.D. dated 12/23/XX

A DWC-73 form from Dr. dated 12/29/XX

A request for 10 sessions of chronic pain management from Dr. dated 01/12/XX

A Designated Doctor Evaluation with M.D. dated 02/16/XX

A medical record review from M.D. dated 02/16/XX

An adverse determination letter from M.D., according to the Official Disability Guidelines (ODG) dated 02/18/XX

A medical record review from D.C. dated 02/20/XX

A reconsideration request letter from D.C. dated 02/23/XX

An adverse determination letter from Ph.D., according to the ODG, dated 03/01/XX

An MDR request from Dr. dated 03/17/XX

A letter from Senior Claims Adjuster, dated 03/17/XX

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

X-rays of the right shoulder and clavicle interpreted by Dr. on 02/08/XX showed rotator cuff tendinopathy and AC osteoarthritis. An MRI of the right shoulder interpreted by Dr. on 02/18/XX showed a full thickness rotator cuff and significant subacromial and subdeltoid bursitis. A right shoulder rotator cuff repair and

decompression was performed by Dr. on 03/18/XX. Physical therapy was performed with an unknown provider from 04/12/XX through 07/23/XX for a total of nine sessions. Physical therapy was performed on 04/16/XX, 05/05/XX, and 05/26/XX. On 10/22/XX, PT and Dr. recommended six sessions of individual therapy. On 10/26/XX, Dr. recommended a work conditioning program. Work conditioning was performed with Dr. from 10/28/XX through 12/02/XX. Individual therapy was performed with PT on 11/17/XX, 11/24/XX, and 12/01/XX. Individual therapy continued with PT on 12/10/XX, 12/20/XX, and 01/04/XX. Work hardening was performed with Dr. from 12/20/XX through 01/25/XX. An MRI of the right shoulder interpreted by Dr. on 12/23/XX showed tendinopathy and a partial tear of the supraspinatus tendon, mild AC joint osteoarthropathy, and possible prior surgery in the superficial soft tissues. On 01/12/XX, Dr. requested 10 sessions of a chronic pain management program. On 02/16/XX, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 6% whole person impairment rating. On 02/18/XX, Dr. wrote a letter of non-authorization for a chronic pain management program. On 02/23/XX, Dr. wrote a reconsideration request letter. On 03/01/XX, Dr. also wrote a letter of non-authorization for the chronic pain management program.

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

The patient was given a diagnosis of "Adjustment Disorder with mixed anxiety and depressed mood (309.28). By definition, "the disturbance in Adjustment Disorder begins within 3 months of onset of a stressor and lasts no longer than six months", according to the DSM-IV-TR, APA, 2000. According to the ODG related to psychological intervention in pain, "Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related". Based on all of the medical and psychological information provided for the review, as well as examination of the technical manuals for some of the test instruments utilized in the request for the chronic pain program, serious deficiencies were found in the formulation of the proposed treatment plan. These deficiencies included utilization of the BDI-II as the primary diagnostic assessment tool. According to Beck, et.al, (1996) the instrument is designed to assess the severity of depression in "persons diagnosed as being depressed". It appeared that there was no diagnostic determination with an instrument such as the SCID-CV (Structured Clinical Interview--Clinician Version, 1996), or a standardized psychological assessment instrument such as the MMPI-2 (Butcher, 2001). Utilizing the BDI-II as the primary diagnostic instrument deviates from the test publisher's limitations on the use of the BDI-II recommended procedures. Insufficient differential diagnosis to determine if patient's depression might be associated with another mental/emotional disorder.

Furthermore, it was noted the patient demonstrated minimal improvement with the psychotherapy provided. The ODG is very specific in not recommending additional psychological treatment in situations where the treatment has been ineffective. In regard to cognitive behavioral therapy (CBT) for pain management, numerous research studies have been performed on the efficacy

of CBT for management of pain. Studies have demonstrated that pain attitudes, measured by such instruments as the Survey of Pain Attitudes--SOPA (Jensen, 1991; Turner, 2007) are critical in determining if CBT will be effective in increasing the actual functional capability of the injured/disabled person. The psychotherapy progress notes included the patient's concerns about unrelated emergencies, stresses, and family relationship conflicts. While these circumstances may be affecting the patient's life, they are outside the parameters of treatment intervention endorsed by the ODG. The progress notes made no references to the application of CBT as the treatment modality. The notes appeared to reflect a more generic, traditional approach rather than utilization of "best practices." Therefore, the recommended 10 sessions of a chronic pain management program would not be appropriate and the previous adverse determinations should be upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- 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)