

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/17/2011

**IRO CASE #:**

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

80 Hours Chronic Pain Management Program

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in 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**

Adverse Determination Letters, 3/11/11, 3/18/11  
Clinic 3/7/11-3/30/11  
Provider 3/11/11, 3/18/11  
Behavioral Evaluation Report 2/11/11  
Work Capacity Evaluation 2/24/11  
M.D. 6/15/10  
Daily Patient Therapy Note 1/24/11-1/27/11  
Official Disability Guidelines-Treatment for Workers' Compensation, Chapter: Pain, Chronic pain programs

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man injured on XX/XX/XX when he apparently was falling from his truck and injured his left shoulder. He apparently had an MRI and treatment for shoulder impingement with surgery and an injection, but these records were not provided. He had PT and improved some motion. The requesting provider notes he has pain at a level 6 with a BAI at 17, BDI 11 and GAF of 65. In one letter it was noted that the patient was on an antidepressant without help. Dr. has recommended pain and stress management. Dr. noted he was terminated from his job. There are comments of his having been on Cymbalta and Loristat (I presume Lorcet) by Ms.. She wrote that he has "unrealistic expectations regarding total pain relief before being able to resume any type of functional activity." He also avoids activities that he deems painful. There is a description of him as being rigid in pain. The FCE in March 2011 described him as being at a light to medium PDL with a job requirement of Heavy PDL. It is unclear from the records what was found on MRI or what type of surgery or injection he has had. We have Ms note about there being no other treatment option. Dr. provided a cover letter without any examination. The only physical examination medical information is from the Designated Doctor. Dr. said that the MRI showed humeral head osteochondral lesions with glenoid labral irregularity and a possible labral tear. There was an effusion and no evidence of a rotator cuff tear. Dr.'s whole physical examination consists of a single sentence: "He did do some physical therapy, which he stated made the condition worse and he said that he continues to

do some physical therapy at home.” Dr. ordered an FCE. 80 Hours Chronic Pain Management Program have been requested and denied by the insurance company.

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

While the psychological note states this patient has no other treatment to be offered, there is no physician report available to review. The records are not clear if the patient had any psychological counseling before the assessment by Ms.. No treatment details about the failure of antidepressants nor cognitive programs have been provided. The records do not detail how much pain medication the patient is on. If he is on Lorcet, it is not explained how much he is using, or if he is willing to forgo it. The limited records describe poor insight into his problem, but no pre-existing psychological issues. This poor insight is a concern and may reflect itself as poor motivation as he is fearful of activities he perceives will be painful. Prior PT has not been effective per Ms.. If the patient was indeed terminated from his job, this would be a significant negative factor in employer/employee relationship. The records do not describe how this negative factor has been addressed.

From the limited information provided, the patient does appear to have chronic pain issues with superimposed suffering. The poor insight into living with the pain apparently has not been addressed. The records do not substantiate that all other treatment options have actually been completed. The records do not satisfy the ODG criteria for a chronic pain management program. The reviewer finds no medical necessity for 80 Hours Chronic Pain Management Program.

**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)