

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 08/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional 10 sessions of chronic pain management program (5xwk x2wks)

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

The TMF physician reviewer is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the additional 10 sessions of chronic pain management program (5xwk x2wks) is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 07/25/11

- Preauthorization determination – 07/13/11, 07/21/11
- Request for medical dispute resolution, Dr. – 07/26/11
- Progress Summary - 07/02/11
- Physician reviewer final report by Medical Reviews – 07/13/11, 07/21/11
- Request for reconsideration by Dr. – 07/14/11
- 4 Week Treatment Plant – no date

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when she fell from a ladder resulting in a left wrist fracture. In xx/xx, the patient underwent an open reduction and internal fixation of the wrist fracture. The patient has been treated with physical therapy, individual psychotherapy and participation in functional restoration pain management program. There is a request for an additional 10 sessions of a chronic pain management program.

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

The records indicated the patient made several improvements with the initial 10 day trial of chronic pain program. She is continuing to recognize and put into practice the learned natural restorative techniques to manage more effectively her stress, tension and pain. These techniques are effective in helping the patient manage depression and anxiety symptoms. She was compliant with the program and reports that she feels better about herself and is motivated by the program. At the present time, pain symptoms still appear to be impairing work, social and personal functioning, however, she made considerable progress in her ability to cope with these pain related symptoms. Continued care for psychological factors and continued consistency with the program are important for her to continue acquiring and maintaining long-lasting meaningful changes which will improve her level of functioning allowing her to return to work. The patient reports that upon entering the program she was suffering from severe fear of future re-injury and other return to work concerns, however, after completion of her 10 sessions, she understands that her fears were not only irrational in nature, but also holding her back from a successful recovery. She has made progress in her ability to utilize relaxation and breathing skills to lower her pain perception. She is increasing her awareness of the thought process that intensify her emotions. She needs and will benefit greatly from continuing this group therapy program to give her the tools needed to manage per pain now and in the future. The additional sessions are medically necessary to strengthen and build on the progress she has made thus far in acquiring effective pain management skills and techniques. The goals are to provide a foundation of knowledge and skills for lifetime adjustment. Her records indicate her pain scale

levels have decreased from 8 to 6. In addition, she reports that prior to the program she was taking medication as prescribed and has progressed to the point where she has reduced her medication intake to an as needed basis. In addition, the patient has received patient education, relaxation training and coping skills training. Additional treatment is needed in these areas. Beck depression inventory II (BDI-II) has improved from a 16 to 12. Beck Anxiety Inventory (BAI) improved from 22 to 15. The Screener and Opioid Assessment for Patient in Pain-Revised (SOAPP-R) improved from 24 to 17. In summary, the patient continues to progress toward her goals and her ability to improve in her daily activities of life. She demonstrates the need for additional intensive treatment and continued support in order to return to a higher level of function and return to the work force.

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 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)