

SENT VIA EMAIL OR FAX ON  
Dec/12/2011

## Independent Resolutions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/12/2011

**IRO CASE #:**

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

Chronic Pain Management X 10 additional days

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

Anesthesiology/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

Cover sheet and working documents

Utilization review determination dated 10/27/11, 11/09/11

Letter dated 12/02/11

Request for 10 days of chronic pain management program dated 10/24/11

Reconsideration request dated 11/02/11

PPE dated 10/14/11, 05/03/11

Reassessment for continuation in a chronic pain management program dated 10/21/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. The patient reports that he injured his right thumb screwing a metal wall to a beam. As he was affixing the wall his right thumb became crushed between the metal beam and the cordless screwdriver. PPE dated 05/03/11 indicates that required PDL is heavy and current PDL is light. PPE dated 10/14/11

indicates that current PDL is light. Reassessment for continuation of chronic pain management program dated 10/21/11 indicates that the patient has completed 10 sessions of CPMP to date. FABQ scales are unchanged. BDI increased from 20 to 22 and BAI from 25 to 28. Pain level increased from 6/10 to 8/10, irritability from 5/10 to 9/10, frustration 2/10 to 7/10, muscle tension 5/10 to 8/10, anxiety 5/10 to 9/10, depression 3/10 to 8/10, forgetfulness 3/10 to 6/10 and sleep problems 5/10 to 7/10. Average hours slept decreased from 7-8 to 7. Request for 10 days of CPMP dated 10/24 indicates that the patient has failed 10 days of a work hardening program. Medication is noted to include Tramadol. Current PDL remains light.

Initial request for chronic pain management x 10 additional days was non-certified on 10/27/11 noting that there was a reported mild increase in grip strength and related performance with the right upper extremity; however, these changes, in and of themselves, do not justify the continuation of a full time chronic pain management program. The patient has also been noncompliant with certain aspects of the evaluation procedures. There is no empirical evidence for an effective chronic pain program proposed/provided in this "split" or discontinuous fashion. The denial was upheld on appeal dated 11/09/11 noting that treatment update on 10/21/11 reports minimal progress, no functional improvements and no change in psychological symptoms (some psychological symptoms have increased) and subjective pain levels have increased. Also, there has been no attempt to decrease the patient's use of opioid medications. It remains unclear why additional sessions of an extensive interdisciplinary treatment program would be needed for an individual who has displayed minimal progress.

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

Based on the clinical information provided, the request for chronic pain management x 10 additional days is not recommended as medically necessary, and the previous denials are upheld. The patient has completed 10 sessions of chronic pain management program to date without significant progress. The Official Disability Guidelines support up to 20 days of the program with evidence of patient compliance and significant demonstrated efficacy as documented by subjective and objective gains. FABQ scales are unchanged. BDI increased from 20 to 22 and BAI from 25 to 28. Pain level increased from 6/10 to 8/10, irritability from 5/10 to 9/10, frustration 2/10 to 7/10, muscle tension 5/10 to 8/10, anxiety 5/10 to 9/10, depression 3/10 to 8/10, forgetfulness 3/10 to 6/10 and sleep problems 5/10 to 7/10. Average hours slept decreased from 7-8 to 7. The patient's physical demand level is unchanged at light. Given the lack of significant progress in the initial 10 days of the program, the request for 10 additional days is not indicated as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**