

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management x 80 hrs

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

M.D., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

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

Official Disability Guidelines

Utilization review determination dated 09/26/11, 10/12/11

Preauthorization request dated 09/20/11

Behavioral evaluation report dated 09/01/11

Functional capacity evaluation dated 09/01/11

Request for reconsideration dated 09/30/11

Office visit note dated 08/24/11, 04/21/11, 03/10/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was working on a roof at a when a piece of scrap metal fell on his cap and as he tried to remove his cap, the scrap metal hit his left eye. Functional capacity evaluation dated 09/01/11 indicates that the patient's current PDL is medium and required PDL is heavy. Behavioral evaluation report dated 09/01/11 indicates that PAIRS score is 73. BDI is 29 and BAI is 29. Treatment to date is reported to include x-rays, MRI, rest, physical therapy, massage, warm/cold compresses, TENS unit, 2 steroid injections and surgery to the left eye. Diagnoses are pain disorder associated with psychological factor and a general medical condition; and major depression moderate. Initial request for chronic pain management was non-certified on 09/26/11 noting that the patient sustained an eye injury. There is no documentation provided how an eye injury would intrinsically cause musculoskeletal functional deficits. Reportedly the patient is blind in his left eye, but no amount of rehab, tertiary programs or CPMP will bring his sight back. There is no explanation provided how losing sight in one eye would cause functional deficits in other areas to prevent return to work. The patient has been recommended to undergo surgical intervention to address the patient's left eye issues and prevent any right eye issues. Thus, a surgical procedure that reasonably would address issues is still in his future. The denial was upheld on appeal dated 10/12/11 noting that he has high scores on depression and anxiety

testing that have not been addressed with anything other than Cymbalta. He has not tried individual therapy yet. He is on no other meds. While he will need vocational counseling and rehab since he has only a 1st grade education and his job possibilities are very limited, he has no obvious need for a comprehensive pain program at this point.

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

The submitted records fail to establish that the patient has exhausted lower levels of care and are an appropriate candidate for a Chronic Pain Management Program. The patient has been recommended for a surgical procedure to address the patient's left eye issues and prevent any right eye issues.

The patient has been diagnosed with major depressive disorder; however, there is no indication if he has undergone a course of individual psychotherapy. The patient's current medication regimen is not documented. As noted by previous reviewer, it is unclear how the patient's left eye injury has caused functional deficits in other areas, which impede his ability to return to work. Given the data available for this review, the reviewer finds the requested Chronic Pain Management x 80 hrs is not medically necessary.

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)