



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC NETWORK

DATE OF REVIEW: 02/11/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program – Ten Days

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

Board Certified in Forensic Psychiatry
Board Certified in Addiction Psychiatry
Board Certified in 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)

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.

Chronic Pain Management Program – Ten Days – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Right Shoulder MRI, 12/07/09
- Right Elbow MRI, 12/07/09
- Electrodiagnostic Study, 01/27/10
- Referral, 08/27/10
- Denial Letter, 10/06/10, 12/06/10, 01/04/11
- Health and Behavioral Reassessment, 10/20/10
- History and Physical, 11/23/10
- Assessment/Evaluation for Chronic Pain Management Program, 11/23/10
- Chronic Pain Management Interdisciplinary Plan & Goals of Treatment, 11/23/10
- Physical Performance Evaluation (PPE), 11/23/10
- Pre-Authorization Request, 11/29/10
- Request for 10 Days of a Chronic Pain Management Program, 11/29/10
- Environmental Intervention, 12/06/10
- Follow Up, 12/17/10
- Reconsideration, 12/27/10
- Correspondence, 01/31/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The requesting party indicates the patient has a pain disorder associated with both psychological factors and a general medical condition, chronic.

Axis II: No diagnosis.

Axis III: Injury to right upper extremity; see medical records.

Axis IV: Problems related to primary support group, social environment, economic, and occupational issues with a current GAF of 55 and an estimated pre-GAF of 85.

The requesting party indicated the patient concurs with physician recommendation that the patient enter a chronic pain program due to pain behavior, fear avoidance behaviors, functional limitations, and dysfunction. It was noted on mental status examination that the patient has a dysphoric mood with constricted affect. Otherwise, the mental status examination was within normal limits, the Oswestry Disability Index examination was severe for disability index, and the Beck Depression Inventory was minimal. Dr. noted the patient had a right elbow injury, including a right elbow fracture with subsequent chronic pain, and the patient clinically had cubital tunnel syndrome. Dr. stated that while “the potential surgery is still in dispute, I think it is appropriate to move on with a chronic pain program as it has been many months now since the initial injury and he has been unable to return back to normal activities, and certainly he has not been able to return back to meaningful employment.”

The case had been denied previously because, in part, there had been no objective information regarding the extent of functional deficits. The recommendation for psychological testing was not authorized because of the absence of objective examination findings supporting the measured functional deficits. The requests for the chronic pain program were denied because the information provided was “not consistent with an individual who would be medically appropriate for the chronic pain program due to an absence of other options likely to result in significant clinical improvement.”

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

The chronic pain management program for ten days is not reasonable and necessary. I concur with the previous denial for a chronic pain program. The evidence submitted suggests the real issue, according to the treating doctor, is a surgical issue that is still being appealed. At best, a chronic pain program would be a temporizing measure if, in fact, the real issue is of a surgical nature. Additionally, the evidence provided does not document the patient was provided lower levels of care for the treatment of his chronic pain complaints. Additionally, there is an absence of objective psychological testing to rule out other factors that would preclude the claimant from being in a chronic pain program, such as a conversion disorder or excessive symptom exaggeration for the purpose of secondary gain. Individual psychotherapy has also not been attempted, according to the records reviewed, with cognitive behavioral approaches.

Therefore, based upon the ODG Web-based Guidelines for the Admission to a Chronic Pain Program, this claimant is not presently a candidate for the requested ten days of interdisciplinary chronic pain management.

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)**
- AMA 5TH EDITION**