

SENT VIA EMAIL OR FAX ON
Feb/11/2011

IRO Express Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Functional restoration Multidisciplinary Behavioral Chronic Pain Program X 10 days

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

Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

Licensed by the Texas State Board of Medical Examiners

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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a xx-year-old man with a work related injury. He was arranging boxes on the day of his injury. Suddenly the boxes slipped and came down, striking his head, neck and right shoulder. He was pushed forward and banged some pallets that were nearby, causing him to cut his head. He has been treated with PT, TENS units, massages. He has had a brain MRI which was normal, a cervical spine MRI which indicted a small protrusion at C3/4 causing mild narrowing of the spinal canal and diffuse annular bulging at C4/5 and C5/6 and mild narrowing of the spinal canal. He has had injections with a pain management specialist. He had a DDE and was awarded a 7% impairment rating. He had a RME on 03/11/2010. Phsician recommended eliminating medications and increasing activity as well as a psychological evaluation and psychiatric evaluation. The psychological evaluation was performed on 05/17/2010. He was diagnosed with MDD and Pain Disorder. The MSE showed some anger, sadness, poor memory for recent events. The McGill Pain Questionnaire showed moderate pain, BDI showed moderate depression, Burns Anxiety Inventory showed moderate

anxiety. He received initial psychotherapy with some improvement and psychiatric medication management in which he was placed on Lexapro 10 mg. His pain medications continued with Lyrica 75 mg and Darvocet 100 mg. His psychiatrist who has treated him since 05/17/2010 has requested 10 sessions of CPMP. The rationale is that he continues to experience severe pain levels despite the above treatment interventions. He is also felt to be relying excessively on pain medications, as indicated by the RME. He seems to have a progressive deterioration in his mental and emotional functioning, which is a complicating factor to his physical rehabilitation and recovery. A more in depth psychological evaluation was conducted on 11/02/2010. His premorbid cognitive functioning was estimated to be low average. On neuropsychological screening, he was found to have very low cognitive skills, compatible with mild traumatic brain injury. He was found to have impairments in complex attention, sustained attention, working memory, social acuity, cognitive flexibility and processing speed. However, he was assessed as possessing the mental capacity to benefit from a multidisciplinary chronic pain management program.

The MMPI-2 was administered but the results were not valid as the claimant's educational level was too low. Physician strongly recommended the claimant be enrolled in CPMP.

The insurance company reviewer, has denied the request for treatment. He states that "the evaluation of 11/02/10 finds impressions of pain disorder and cognitive disorder NOS. Numerous findings of cognitive impairment were noted and a full neuropsychological evaluation was recommended. The evaluation was limited to a cognitive assessment, not a comprehensive evaluation for a chronic pain program. The only provided evaluation in that regard is from 08/23/2010. This is now too aged to provide clinical data to qualify the patient for a pain program. Moreover, this is inadequate evaluation for admission to a comprehensive pain rehabilitation program." "Physician assessment also reports that the patient is relying heavily on pain medications but none were actually reported. There is no documentation or known finding that the patient's treating physician has currently ruled out all other appropriate care for the chronic pain problem, a pivotal indication for initiating a chronic pain management program." The reviewer then continues with multiple other complaints about the quality of the claimant's evaluations and doubts about the efficacy of treatment.

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

ODG states that outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances: The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond 3 months and has evidence of the following: excessive dependence on health-care providers or family; physical deconditioning; withdrawal from social activities or normal contact with others; failure to restore pre-injury function; psychosocial sequelae that limits function including anxiety, fear-avoidance, depression; diagnosis is not primarily a personality disorder; there is evidence of continued use of prescription pain medications without evidence of improvement in pain or function. Secondly, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. An adequate and thorough multidisciplinary evaluation has been made. This includes psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program and an evaluation of social and vocational issues that require assessment. There should be evidence that the program has the capability to address substance dependence. A treatment plan should be presented with specifics listed. There should be motivation for

change. If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified.

The treatment team appears to have worked very hard to accomplish each and every requirement of ODG to make certain that this patient is an appropriate candidate. The record clearly documents that he does meet ODG requirements for the requested CPMP program.

The URA reviewer has made claims that are unsubstantiated and seems to be trying to block the treatment team. For example, he requested a neuropsychological evaluation and the team complied with this request; even though nowhere in ODG does it require such an evaluation. The neuropsychologist spent over 5 hours of face-to-face time with the patient and considerable more time writing the report, all at a great cost to the insurance company. Yet the URA reviewer seemed to denigrate the psychologist's work stating: "The evaluation was limited to a cognitive assessment, not a comprehensive evaluation for a chronic pain program." The assessment was done as best as possible given the low cognitive level of this claimant and answered the pertinent questions, which included whether or not the claimant could cognitively benefit from the CPMP. The URA reviewer also states that "Physician assessment also reports that the patient is relying heavily on pain mediations but none were actually reported" despite the fact that several times in the record it clearly stated that the patient is receiving Lyrica and Darvocet, both pain medications with significant side effects. Finally, the URA reviewer states: "There is no documentation or known finding that the patient's treating physician has currently ruled out all other appropriate care for the chronic pain problem, a pivotal indication for initiating a chronic pain management program." Again, this is another unsubstantiated claim. The record indicates a completely appropriate number of diagnostic studies including MRI scans, x-rays, and physical examinations by appropriate specialists. Multiple physicians, including a psychiatrist, physical therapists, psychologists, all of whom have expressed the opinion that there are no further medical treatments available to this patient, have assessed the patient. Any further consultations or diagnostic studies, as suggested by the reviewer, would be costly, redundant, and of little merit. The request is 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)**