

Notice of Independent Review Decision  
**REVIEWER'S REPORT**

DATE OF REVIEW: 12/21/10

IRO CASE #:

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

Ten days (80 hours) of a chronic pain management program

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Neurology with Added Qualifications in Pain Medicine, fellowship trained in Pain Management

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
727.61	CPMGT		Prosp.						Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. Certificate of independence of the reviewer
2. TDI case assignment
3. Letters of denial, 11/30/10 and 11/16/10
4. Preauthorization request, 11/08/10, and request for reconsideration, 11/19/10
5. Designated Doctor Evaluation, 10/12/10
6. Behavioral Evaluation report, 10/20/10
7. Orthopedic consultation, 10/12/10
8. Work Capacity/Functional Capacity Evaluations, multiple dates

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant sustained a work-related injury on xx/xx/xx while lifting a heavy bag, suffering a shoulder injury. The shoulder has undergone three surgeries, and reportedly had a complication with infection, as well. Despite the surgeries and physical therapy and "work hardening," the claimant continues to be troubled with ongoing shoulder pain. There also appears to be a consensus that this claimant also has psychological consequences from his chronic pain and lack of return to "normal" functioning, including some depression and anxiety. The claimant has been treated also with various medications, etc. Though it is not clear that this claimant has been seen for individual psychotherapy or has consulted with a chronic pain management specialist, a request has been made for this claimant to undergo a multidisciplinary chronic pain management program as the next step in his treatment.

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

It is fairly clear that this claimant, despite multiple treatment trials including three separate surgeries, has continued to suffer with chronic pain and has not been able to return to a level of functioning that is satisfactory. He also apparently has psychological consequences that may be also interfering with return to normal functioning, and they need to be addressed. There does not appear to be any doubt, including from the reviewers that denied this request, that this claimant is suffering from a chronic pain

condition that has not adequately resolved, nor is there disagreement that this claimant is also displaying psychological manifestations of his chronic pain. Therefore, I do feel that it would medically reasonable and necessary for this claimant to participate in a chronic pain, multidisciplinary program in which further physical rehabilitation can be addressed.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)