

SENT VIA EMAIL OR FAX ON
Dec/20/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 X wk X 2 wks

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

Clinical psychologist; Member American Academy of 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

Denial Letters 11/3/10 and 11/24/10

8/19/10 thru 12/7/10

FCE 8/26/10

IRO Sumamry 12/9/10

Group 10/30/08 thru 12/7/10

Dr. 3/4/09

OPT 4/1/09

DDE 6/2/09

Electrodiagnostic Eval 6/2/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work-related injury on xx/xx/xx, apparently from a slip-and-fall type accident. FCE indicates she is functioning at the sedentary PDL and requires Light PDL to return to work. At the time of the FCE, patient rated her pain "as high

as 8/10.”

Patient was evaluated by on 9/30/10, following an unspecified number of individual therapy sessions. The request for CPMP showed that during IT sessions, patient demonstrated the following: feelings of frustration, low self-worth, high stress levels, negative thought processes, and poor sleep duration. BDI was 47 (down from 48) and BAI was 32 (down from 46). Fear avoidance scales were 24 for Physical activity and 42 for Work activity. SOAPP was 36. Request is for CPMP, first ten sessions.

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

Patient has continued pain, anxiety, and depression complaints, which have not improved at all with a course of individual therapy. A thorough evaluation has not been conducted, as per ODG. There is no multi-system current medical evaluation available, and no information regarding whether or what types of previous interventions patient has had. There is no mental status exam, no history of the injury, no Axis V diagnosis, and no indication of what meds patient is taking. Likewise, there is no explanation regarding if patient was referred for a psychotropic med evaluation, which seems required given her extremely high BDI scores. As such, medical necessity cannot be established at this time

ODG recommends CPMP for this type of patient, and ODG supports using the BDI and BAI, among other tests, to establish baselines for treatment. [Bruns D. Colorado Division of Workers' Compensation, Comprehensive Psychological Testing: Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. 2001.](#)

See also:

Psychological treatment 2010 Pain Chapter

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)