

# I-Decisions Inc.

An Independent Review Organization  
5501 A Balcones Drive, #264  
Austin, TX 78731  
Phone: (512) 394-8504  
Fax: (207) 470-1032  
Email: manager@i-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jan/10/2011 **IRO CASE #:**  
**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
80 hours of Chronic Pain Management Program (10 sessions)

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
MD, Board Certified by the American Board of Psychiatry and Neurology

**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  
Direct, Inc. 11/8/10, 12/9/10  
Spine and Rehab 8/23/10 to 11/12/10  
Evaluators, Inc. 6/25/10 to 10/18/10  
imaging 5/19/10  
MD PA 6/8/10  
Lower EMG and Nerve Conduction Study 7/20/10

### PATIENT CLINICAL HISTORY SUMMARY

The claimant is a, Male who was a when it flipped over during his normal work duties. He was injured in the left shoulder and was airlifted to Hospital and had a CT scan of the pelvis, head and neck. X-rays revealed fractures of the third and fifth ribs. Treatment has included conservative care only. His most recent diagnoses include Adjustment Disorder and Pain Disorder associated with both psychological factors and a general medical condition and chronic pain syndrome. His physical diagnoses are: head injury, cervical spine strain/sprain, shoulder strain/sprain, rib fracture, lumbar spine strain/sprain, sacro-iliac strain/sprain, neuralgia, muscle weakness and displacement of lumbar IVD. A request has been made for 10 sessions of CPMP. This request was denied initially and on appeal. The reasons for denial by the insurance company reviewer is that the mental health evaluation is inadequate to support the diagnosis or explicate the clinical problems, to assist in ruling out other conditions which may explain the symptoms and to help design and predict response to treatment. There is no documentation to rule out other appropriate care for chronic pain. At the time of this denial, the claimant had a hearing set to determine if he could have low back surgery. In the rebuttal letter written by the treatment team, it was explained that his compensable injury is for his shoulder and not his back, so surgical treatment that may be pending for his back is not relevant.

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

ODG states that CPMP is appropriate only when “there is an absence of other options likely to result in significant clinical improvement.” It does not make sense to discuss treating chronic pain and then ignore the fact that the patient might be undergoing treatment for low back pain. From the psychological perspective, one does not differentiate between pain in the shoulder and pain in the back as to the effect on depression, fear avoidance and the other factors that were measured by the treatment team during the mental health evaluation. There are no records showing that this patient has been given the benefit of P.T. and individual psychotherapy. These modalities are within ODG for this claimant. The reviewer finds that medical necessity does not exist at this time for 80 hours of Chronic Pain Management Program (10 sessions).

**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)