

SENT VIA EMAIL OR FAX ON
Dec/30/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Additional Chronic Pain Management Program-10 additional days

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 11/5/10 and 12/2/10
Injury 1 8/3/10 and 12/2/10
PPEs 11/1/10, 10/5/10, 8/3/10, 1/12/10
12/9/09
Dr 4/22/09 and 6/3/09
OP Note 10/15/08
Medical Time Line 11/26/09 thru 12/3/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a compensable, work-related injury to his head, shoulder, and low back on xx/xx/xx when he lost control of the he was driving in icy conditions. The truck skidded off the road and overturned on the driver side. Patient suffered LOC for an unknown period of time, and then remembers climbing through the shattered windshield and calling for help. He was treated at the ER, given a drug screen, placed in a

cervical collar, had his left arm placed in a sling, and was given a prescription for pain meds and released. Patient established treating with Dr., and is currently in an off-work status and participating in a RTW chronic pain program.

Over the course of his treatment, patient has received x-rays, lumbar and cervical MRI's (positive), EMG/NCV (positive for C4 and C6 radiculopathy), arthroscopic shoulder surgery (10/09), chiropractic treatment, psychological evaluations, neuropsych eval (diagnosed with post-concussive syndrome), 10 individual therapy sessions, 20 days of CPMP, and medications management. Current meds include: OTC Ibuprofen, Remeron, Seroquel, and Mobic. He has been denied further diagnostics, individual therapy, and pain medications. Case has been in dispute for a significant amount of time, during which time patient became severely depressed and received emergency services through MHMR, where he was diagnosed with MDD, severe, with psychotic symptoms.

Currently, patient has completed 20 days of a CPM program and the current request is for an additional 10 days of CPMP. Report indicates that he has made significant improvements in the following: decreased pain, irritability, frustration, tension, anxiety, depression, sleep disturbance, forgetfulness, and BDI has decreased from 56 to 24. Fear-avoidance has decreased and coping skills are improving. FCE shows that his PDL has gone from Light to Light-Medium, and patient has a clearer picture of return to work goals. Goals for the last 10 days of the program are to "achieve the targeted 75% reduction in all active symptoms, stabilize active symptoms on a long-term basis, increase his functional tolerances, and assist this gentleman with making a safe return to work."

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

Per available records, over the first twenty days of the program, patient has been able to significantly increase his functioning without narcotics and while reducing his overall pain score. Overall, report indicates he is functioning in the Light-Medium PDL range (up from Light), placing him in a category where he could look for work as a driver or in auto sales, which he has an interest in. Lifestyle alterations as well as psychosocial self-reports also seem to have improved, allowing patient's depression and associated visual and verbal command hallucinations to cease (per MHMR report). Patient's significant previous downward spiral seems to have been stopped, and progress is now going in the positive direction. It appears that patient is motivated to return to work, has a job description he is interested in that will be within his abilities, and has the stamina now to achieve success in a new job. Discontinuation at this point could mean the difference between regression, continued disability and off-work status or productive participation if the workforce for this patient. ODG states, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved". Patient has made good use of this opportunity, and it is reasonable to believe that patient's functional RTW goals can be achieved. Therefore, this request is deemed reasonable and necessary per TDI-DWC and ODG.

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.](#)

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)