The DYLL REVIEW
We take the worry out of Peer Reviews
25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

DATE OF REVIEW: 01/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic pain management x 80 hours (5x per week for 2 weeks)

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

The physician providing this review is Board Certified, American Board of PM/Occupational Medicine and Board Certified, American Board of Emergency Medicine. This reviewer's primary practice is in the area of occupational environmental medicine. She has hospital privileges in the state of Texas.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The history and documentation do not objectively support the request for 10 additional CPM program sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records received: 21 page fax 12/27/2010 Texas Department of Insurance IRO request, 100 page fax 12/27/2010 and a 64 page fax on 12/27/2010 URA response to disputed services including administrative and medical records.

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PATIENT CLINICAL HISTORY [SUMMARY]:

The documentation begins on xx/xx/xx with the Functional Capacity Evaluation summary signed by Dr. that states the claimant was occasionally able to squat, reach upward out, bend, walk, grab, sit, stand, walk, kneel, bend, pus/pull, and twist. He was able to lift constantly 1-2 pounds, frequently 4-5 pounds, and occasionally 8-10 pounds. On xx/xx/xx, Dr. stated that he was seen for a Functional Capacity Evaluation regarding his neck, left arm, and chest areas. He had constant throbbing pain in the neck with constant stiffness with any neck motion and was at a sedentary physical demand level according to the Functional Capacity Evaluation. A physical assessment evaluation and treatment plan dated September 2, 2010 indicated he was ambulatory and had numbness in the cervical and upper thoracic regions. He had sharp pain with some numbness involving his arm.

He saw Dr. and the note states he was injured while working with an 8-pound tool. The tool came out of the box and hit him in the chest and knocked the air out of him and he had immediate pain. He complained of sharp pain in the chest with numbness in his left arm and was taking hydrocodone, Flexeril, Celexa, and piroxicam. He had no cervical spine tenderness and had very good range of motion. Forward flexion of the left shoulder was to 160 with chest pain and abduction was to 180. External rotation and internal rotation were to 90 degrees. He had moderate tenderness of the left chest below the nipple at the 5th rib with left arm flexion 0 to 160 degrees. There was no tenderness of the left arm. He was diagnosed with chest contusion, costochondritis, and chronic chest wall pain. X-rays had been done and he received the aponeurosis injections on May 5, 2010 that helped the pain. He completed chronic pain management for ten visits and a psych evaluation. On xx/xx/xx, 10 additional chronic pain management visits and hydrocodone and Topamax were prescribed.

On October 1, 2010, the chronic pain management physical therapy goals indicated that he would in three to four weeks have a neutral spine and correct posture, would be able to perform stabilization core exercises with aerobic and lifting exercises. Home exercise program was planned and he would decrease his dependency on prescription medications. He would receive myofascial release and soft tissue mobilization techniques. According to a note dated October 3, 2010, he had made progress in his previous CPM course decreasing his average pain level from 7 to 6, reduced his of BDI-II score from 30 to the 27 (from severe to moderate), had improved functional capacity and increased his daily activity levels. He had pain and muscle stiffness that increased with activity and limited activities. Also, on the Beck Anxiety Inventory, he still had score of 29 that was in the severe range and he suffered from excessive fear and avoidance of activity.

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He underwent a Functional Capacity Evaluation on October 1, 2010 and he remained at a sedentary physical demand level with similar abilities as before; however, he was able to sit frequently. Reportedly an IRO gave a negative determination regarding continuation of his chronic pain management program and this decision is being appealed. On October 13, 2010, he saw Dr. and additional chronic pain management was recommended. He had been admitted to Chronic Pain Management and completed two weeks and reduced his pain levels from 7 to 6 but his depressive symptoms improved only minimally.

He continued to complain of pain. He saw Dr. on October 14, 2010 and was still taking hydrocodone, Flexeril, Celexa, piroxicam, and Topamax. Physical examination revealed he walked without assistance and his attitude was "concerned." He had no tenderness of the cervical spine. His physical examination does not appear to have changed. The diagnoses were the same and there is another appeal letter dated November 1, 2010 from Dr..

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

The history and documentation do not objectively support the request for 10 additional CPM program sessions. The claimant improved minimally with the initial course of 10 sessions and it is unable to be determined how additional sessions are likely to provide him with significant or sustained benefit. His pain and depression and anxiety scores improved minimally. The medical necessity of continuation of the program under these circumstances has not been clearly demonstrated or explained.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 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** Official Disability Guidelines, 2011. Pain: Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery… (10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains…."
- ☐ **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)**