

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/22/2011

**IRO CASE #:**

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

Chronic Pain Management Program 40hrs

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

Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a XX-year-old woman who reports her date of injury as XX/XX/XXXX. She was working at the time of her injury. She was loading when she saw a wasp that frightened her. She tried to get away from the wasp and slipped and fell onto the floor causing injury to her head. She felt dizzy and had some loss of consciousness. She has tried returning to work but has been unable to complete her day-to-day duties without immense pain. She has received 16 sessions of P.T. She underwent surgery in July 2009 and has taken medication without much improvement. Her diagnoses are lumbar sprain/strain. She has reduced overall physical activity and general de-conditioning and has difficulty with ADL's. Psychological evaluation has included BDI showing mild depression, BAI with moderate anxiety, Oswestry index showing severe disability, FABQ showing severe level of fear and avoidance beliefs, BPI indicating pain impinges ADL's severely, SOAPP-R indicating no risk of aberrant medication based behavior and pain level of 8/10. Other assessments include physical by her treating doctor that rules out conditions prior to entrance into CPMP, psychological interview and vocational assessment. A request has been made for 5 days of CPMP. The request was denied by the insurance reviewer who stated several objections. He felt the psychological evaluation was not detailed enough to provide a reasonable manifest explanation for the etiology and maintenance of the patient's clinical problems. He states that since the patient could not complete the psychological evaluation without assistance, it was invalid. He notes that her mental status examination showed problems with short-term memory as well as long term memory. The attending denied the need to rule out cognitive sequelae to her head injury. He opines that the patient might not be capable of learning and generalizing appropriate gains from the program. In the rebuttal,

the treatment team responded that the staff is specially trained to work with patients who have a low comprehension level. They note that she meets every one of the ODG requirements for entrance into a CPMP.

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

The prior reviewer focuses on a lack of cognitive testing to rule out problems related to the patient's head injury. However, the history as related in the Behavioral Medicine consultation indicates that the head injury was not severe enough for the patient to have been evaluated by a physician at the time of the accident. She was picked up by her daughter and apparently taken home. There is no evidence that she ever suffered from a concussion. The history reveals that she has only a 4th grade education, is illiterate, and is xx years old. It seems that her cognitive performance is consistent with this history. The patient's main problem is pain. History also reveals that she has completed 16 sessions of P.T. Records indicate she had enough cognitive skills to follow directions and be compliant with this P.T. This is a good indication that she has the skills to understand and comply with a chronic pain program. Furthermore, the treatment team relates that they have experience in working with such individuals. She meets all the other ODG criteria for the program. For these reasons, the reviewer finds that medical necessity exists for Chronic Pain Management Program 40hrs.

**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)