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Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:  
877-738-4395

## Notice of Independent Review Decision

### IRO REVIEWER REPORT – WC (Non-Network)

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**DATE OF REVIEW:** 03/09/11

**IRO CASE #:**

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

Ten sessions of a chronic pain management program

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

Licensed by the Texas State Board of Psychological Examiners

**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.

Ten sessions of a chronic pain management program - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An Employer's First Report of Injury or Illness form dated 03/16/10  
X-rays of the right ankle and right knee interpreted by M.D. dated 03/16/10  
Evaluations with M.D. dated 03/31/10, 04/05/10, 04/14/10, 05/14/10, 06/28/10, 08/02/10, 09/01/10, 09/10/10, 11/10/10, 12/10/10, and 01/17/11  
X-rays of the right knee interpreted by M.D. dated 04/06/10  
Postoperative range of motion testing with D.C. dated 04/20/10  
An evaluation with L.P.C.-I. and Ph.D., L.P.C.-S. dated 07/21/10  
An operative report from Dr. dated 09/02/10  
Individual therapy with Ms. dated 09/14/10, 10/07/10, 10/12/10, 10/19/10, 10/26/10, and 11/02/10  
Postoperative range of motion testing with D.C. dated 10/07/10  
A Physical Performance Evaluation (PPE) with Dr. dated 11/29/10  
A prescription for an ice pack and Biofreeze from Dr. dated 12/20/10  
Physical therapy with Dr. dated 01/18/11  
A DWC-73 form from Dr. dated 01/18/11  
A request for 10 sessions of a chronic pain management program from Ms. dated 01/31/11  
A Functional Capacity Evaluation (FCE) with Dr. dated 01/31/11  
A letter of non-certification, according to the Official Disability Guidelines (ODG), from Ph.D. dated 02/07/11  
A request for reconsideration letter from D.C. dated 02/08/11  
A letter of non-certification, according to the ODG, from Ph.D. dated 02/15/11  
An MDR request from Dr. dated 02/24/11  
The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

An Employer's First Report of Injury or Illness form on 03/16/10 indicated the patient slipped and fell on xx/xx/xx and injured his right knee, foot, and ankle. X-rays of the right ankle and knee interpreted by Dr. on 03/16/10 showed a mildly displaced patellar fracture. On 03/31/10, Dr. recommended a right patellar open reduction internal fixation. X-rays of the right knee on 06/28/10 showed the fracture was anatomically reduced, but one of the k-wires had twisted and Dr. recommended continued therapy. On 07/21/10, Ms. and Dr. requested six sessions of individual psychotherapy. On 09/01/10, Dr. prescribed Vicodin and Keflex for postoperative use. On 09/02/10, Dr. removed the hardware from the right patella. Individual psychotherapy was performed with Ms. from 09/14/10 through 11/02/10 for a total of six sessions. X-rays of the right knee on 01/17/11 showed the fracture was healed and physical therapy was ordered. Physical therapy was performed with Dr. on 01/18/11. On 01/31/11, Ms. requested 10 sessions of a chronic pain management program. On 02/07/11, Dr. wrote a letter of non-certification for the chronic pain management program. Dr. wrote a reconsideration request letter on 02/08/11. On 02/15/11, Dr. also wrote a letter

of non-certification for the chronic pain management program. On 02/24/11, Dr. requested a Medical Dispute Resolution (MDR).

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

Based on all of the medical and psychological information provided for the review, as well as examination of the technical manuals for some of the test instruments utilized in the original request for the chronic pain program, they indicated serious deficiencies in the formulation of the proposed treatment plan. These deficiencies include the BDI-II appeared to be the primary diagnostic assessment tool. According to Beck, et.al, (1996) the instrument is designed to assess the severity of depression in "...persons diagnosed as being depressed." It appeared that there was no diagnostic determination with an instrument such as the SCID-CV (Structured Clinical Interview--Clinician Version, 1996), or a standardized psychological assessment instrument such as the MMPI-2 (Butcher, 2001). Utilizing the BDI-II as the diagnostic instrument deviates from the recommended procedures. The manner in which the BDI-II was interpreted raises serious questions, as well. The evaluator reported a BDI-II score of 10 for the patient and asserted that this is within the "mild to moderate" range of depression. According to the BDI-II Manual (Beck, 1996), a score of 10 falls in the range of "minimal" depression. Scores between 14 and 28 are classified as "mild to moderate." This deviation from the standards developed by the test publisher was not explained or justified with other diagnostic testing based on the documentation provided at this time.

An additional glaring deficiency in the proposed treatment plan involved conflictual assessments between the physician treating the patient and Healthtrust. In both December 2010 and January 2011, the physician assessment included observations that the patient was ambulating without assistive devices and reported no pain. The assessment of 01/31/11 described the patient as ambulating with crutches and using a knee brace. The patient's scores on both the BDI-II and the BAI were virtually unchanged from the pre and post testing associated with the six psychotherapy sessions previously provided, indicating relatively little benefit from the prior treatment. The ODG would call for substantial, validated assessments to increase the level of therapeutic intervention in this situation. Therefore, the requested 10 sessions of a chronic pain management program are neither reasonable nor necessary and the previous adverse determinations should be upheld.

**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 AND KNOWLEDGE BASE**

- 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)**