

SENT VIA EMAIL OR FAX ON
Mar/20/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient chronic pain management program 5 days week for 3-4 weeks for 10 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
Behavioral Health 5/27/10 thru 2/10/11
FCE 1/11/11
Dr. 7/29/10 thru 2/14/11
2 8/16/11
2/3/11 and 2/7/11
2/10/11 and 2/24/11
Medical 4/8/10
MRI 4/20/10
Injections 6/14/10
OP Report 7/9/10
Dr. 7/13/11
MRI 1/24/11
Dr. 12/16/10 thru 1/19/11
IRO Review 7/23/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx while performing his regular job duties as a xx. On the above-mentioned date, patient sustained an injury to his right shoulder when he was loading wire into a trailer and heard a popping sound in his right shoulder. He went to the ER, and then established treating with Dr.. He was given appropriate diagnostics and began rehab. He later received surgery to his right shoulder. Report states patient has not reached MMI. He continues to be in an off work status. .

Since the injury, claimant has received the following diagnostics and interventions: x-rays, MRI's (positive), surgery x1, physical therapy, individual therapy x6, and medications management. Current medications include: Hydrocodone, Ibuprofen, flector patch, Cyclobenzaprine, Flurazepam, Cymbalta, and Xanax. PPA conducted with results showing patient performing at a Light PDL, with RTW PDL being Heavy. Current diagnoses are s/p right shoulder rotator cuff surgery with failure of rehabilitation of conservative care, 307.89 Pain Disorder, and 309.0 Adjustment Disorder with Depressed Mood. Recommendation at this time from his treating doctor is 10-day trial of chronic pain management program, which is the subject of this review.

Current psychometric testing shows Pain Experience Scale score=60, indicating a moderately serious reaction to his pain when symptoms are most severe. He scored a 13 on the BDI and a 9 on the BAI, post individual therapy. McGill Pain Index is a 50, with patient reporting average pain at a 5/10. Pain Disability Questionnaire score is 112/150, DASH Index is an 85%, FABQ is 20/35, sleep disturbance is deemed moderate to serious, and GAF currently is 62. Vocationally, patient states an interest in returning to work with his previous employer. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: encourage a change of focus from pain to functioning and return to the work force, reduce pain and symptomatology, decrease reliance on medication, cognitive-behavioral intervention for decreasing depressed/anxious mood, and restoring overall physical functioning.

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

Patient appears motivated, has a good rapport with his supervisor, and appears motivated to return to work. A stepped-care approach to treatment has been prescribed, and followed, but patient continues with pain and functional deficits. Goals for the program are well developed and appropriate and include step-down from his narcotics. A thorough and multidiscipline treatment plan has been constructed. Contraindications are limited and a plan exists to deal with each of them. Patient is not at clinical MMI, per DD exam, and the fact remains that he has not plateaued in his physical and biopsychosocial recovery. As such, request is considered medically necessary and reasonable.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES