

SENT VIA EMAIL OR FAX ON
Mar/02/2011

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pain Management 5 X wk X 2 wks 80hours

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

Pain Recovery Clinic 12/22/10 thru 1/20/11; FCE 12/22/10

OP Report 4/14/10

6/11/10

Medical Institute 8/10/10

7/7/10

1/12/11 and 1/27/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx performing his regular job duties unloading a xx when he fell approximately 6 feet to the concrete, injuring his back. Currently, patient continues with pain and disability complaints and has not been able to return to the workforce.

Since the injury, patient has been given diagnostics and interventions to include: lumbar MRI

(positive), physical therapy, ESI's, SCS surgery, lumbar laminectomy surgery (4/14/10), FCE (12/22/10), individual psychotherapy and medication management. Claimant is currently prescribed Hydrocodone, Zanaflex, Cymbalta, Valium, and Lisinopril. Axis III diagnoses are: S/P lumbar surgery with failed back syndrome, chronic pain syndrome, and cervical and lumbar radiculitis. FCE placed the patient at a sedentary level. Previous job requirement was Heavy PDL. Patient ambulates with a cane, and is severely deconditioned, and has poor endurance and body mechanics, per the FCE. Patient has been referred by her treating doctor for a RTW chronic pain management program, which is the subject of this review.

Current behavioral evaluation shows patient is reported to be preoccupied and very concerned about his physical health and exhibits a high degree of pain-related impairment in many areas of functioning. Testing and observational results indicate significant fear of re-injury, perception of pain at 6-9/10, self-limiting pain-avoidance behaviors, elevated POP score, reduced ADL's, and irritable/depressed mood. Psychometric testing shows BDI of 24 and BAI of 11. Patient is diagnosed with Axis I Pain Disorder. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the multidisciplinary program: narcotic reduction, maximizing functional status, stress management training, decreasing somatic over-focus, decreased perception of pain, vocational counseling, reduced fear-avoidance, and education on coping skills and self-management of pain.

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

Patient has continued low back pain post-surgeries, and has received evaluations from a medical doctor, a psychologist, and a physical therapist, all of whom agree patient needs a CPMP. Previous methods of treating the pain have been unsuccessful, and patient is not currently a candidate for surgery. Patient has followed all doctor recommendations to this point, and reports motivation to continue to follow recommendations that would improve him so he can go back to being productive. He has a significant loss of functioning and high pain and is unable to return to work at his previous Heavy PDL. Additionally, patient will be undergoing titration from his current opiate medications.

Patient meets all current criteria, as per ODG, and there are no reported contraindications that would preclude the benefits of such a program to this type of patient. As the peer reviewers (many of whom have pain management programs themselves) should have known, neither RTW at a patient's previous line of work nor being disabled for greater than 24 months is a criterion for denial of a CPMP. These criteria are more pertinent with regard to WH or WC program requests, which this is not. Therefore, the current request is deemed medically reasonable and necessary, per ODG criteria.

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)