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)

DATE OF REVIEW: 05/10/11

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:

X 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
A request for services from Ph.D. dated 03/28/11
A Functional Capacity Evaluation (FCE) with D.C. dated 03/29/11
A preauthorization request letter from Dr. dated 04/05/11
A letter of non-certification, according to the Official Disability Guidelines (ODG), from Ph.D. dated 04/07/11
A reconsideration request from D.C. dated 04/13/11
A letter of non-certification, according to the ODG, from Ph.D. dated 04/19/11
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY
On 03/28/11, Dr. requested 10 sessions of a chronic pain management program. An FCE with Dr. on 03/29/11 indicated the patient functioned in a sedentary to light physical demand level and a chronic pain management program was recommended. On 04/07/11, Dr. wrote a letter of

non-authorization for the pain management program. On 04/13/11, Dr. wrote a reconsideration request letter for the pain management program. On 04/19/11, Dr. also wrote a letter of non-authorization for the chronic pain management program.

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

The publisher of the Beck instruments, in the manuals, caution against sole use of the BDI-II and the BAI for diagnostic purposes. The ODG has a published list of more than 20 recommended instruments for use in evaluations, at least a half dozen of those instruments have greater reliability and validity for diagnosing the presence of treatable conditions, such as depression, anxiety, fear of re-injury, etc. The strength and value of the Beck instruments is more an ongoing, objective indicator of progress in treatment. Based on the documentation, the evaluator reported that the patient "scored a 14 within the moderate range on the (BAI) test." The Manual (Psychological Corporation, 1996) clearly defines "moderate anxiety" as scores between 16 - 25. This is a misdiagnosis. The patient's score is in the range of "mild" anxiety, and could be associated with a variety of the patient's concerns that are unrelated to the injury. The evaluator also reported that the initial BDI-II score was 27 and after six psychotherapy sessions, decreased to 20. The BDI-II Manual describes the moderate range of depression as scores between 20 - 28. So, essentially, the patient was moderately depressed at the outset of treatment and still moderately depressed after six sessions. A decrease of seven points would not be considered a "significant" change in status. A variety of factors, other than psychotherapy, could result in that sort of difference in the scores. It is also noted by the evaluator "...unfortunately, patient was noted making minimal progress." Therefore, the requested 10 sessions of a chronic pain management program would not be appropriate 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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**