



## Medwork Independent Review

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### *MEDWORK INDEPENDENT REVIEW WC DECISION*

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**DATE OF REVIEW: 05/26/2011**

**IRO CASE #:**

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

Outpatient chronic pain management program (CPMP) for 5 sessions for 40 hours

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**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.

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

#### **PATIENT CLINICAL HISTORY:**

The patient has a history of a shoulder injury from xx/xx/xx that has had past medical treatment with steroid injections, physical therapy, and 20 sessions in a chronic pain management program. According to the last medical note, the patient has been making progress in the pain management program but slowly. Patient still has no change in lifting, increased cervical range of motion is minimal, and some improvement in depression and anxiety. Patient currently works 6 hours a week. She would like to work full time. However, due to the pain, she is unable to do this at this time. Patient's inability to go back to work full time has caused her to have financial strain and has increased her psychological stressors of depression and anxiety. A review has been requested for outpatient chronic pain management program (CPMP) for 5 sessions for 40 hours.

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

Referring to the Official Disability Guidelines' chapter on pain, under chronic pain program, number 10, it states, "Total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specific extension and reasonable goals to be achieved." The review documentation indicate that the patient wants to be able to return to work full time and hopefully earn her financial goals and be able to go back to work full time to support her family. The requested outpatient chronic pain management program (CPMP) for 5 sessions for 40 hours would be beneficial to the claimant. The records reviewed are in support of the recommendations of the ODG treatment guidelines; therefore, the insurer's decision to deny the requested outpatient chronic pain management program (CPMP) for 5 sessions for 40 hours is overturned.



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### **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 UM KNOWLEDGBASE
- 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)